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"Above everything else,
he was a wee boy who wanted to be claimed".

A grounded theory based exploration of Scottish female foster carers' experience of difficult to manage behaviour in light of their attachment characteristics.

Lise W. Forsyth

Doctorate in Clinical Psychology
The University of Edinburgh
March 2014

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“What makes night within us may leave stars."

Victor Hugo

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THESIS ABSTRACT

Background: The role of foster carer is a complex and emotionally demanding one. This is particularly true in the presence of difficult behaviour which can, at times, leave the foster carer feeling overwhelmed and increases the risk of placement breaking down. It is therefore important to find ways to support foster carers. The present study sought to explore the lived experience of foster carers caring for children who presented with difficult to manage behaviour, with consideration given to their attachment characteristics.

Aim: The primary aim of this study was to generate a grounded theory of foster carers' experience of caring for a child who presents with difficult to manage behaviour, in order to inform supports.

Method: The study adopted a qualitatively driven mixed methods design (QUAL+quan). Grounded theory (Glaser & Strauss, 1967) was used as the primary component. Eight female foster carers, with either past or present experience of caring for a child who they felt presented them with difficult to manage behaviour, were interviewed. Interviews were recorded and transcribed. Adult attachment data was gathered to elaborate and enhance the interpretation of the foster carers' narratives. Foster carer's attachment characteristics were measured using The Relationship Scales Questionnaire (RSQ: Griffin & Bartholomew, 1994), and the presence of behavioural difficulties were confirmed using the Assessment Checklist for Children (ACC: Tarren-Sweeney, 2007).

Results: A core category emerged from the grounded theory analysis ('Making Sense') in addition to five main categories ('Personal Impact', 'What Helps', 'What Makes it Difficult', 'Responding' and 'The Relationship'). The overarching theme to emerge from the research was the influence foster carer's level of reflection and understanding of the behaviour (their mentalizing capacity) had on their experience of the child's difficult behaviour, which appeared to relate to their attachment characteristics in addition to a number of internal and external factors. Consideration is given to the psychological process that emerged from the categories generated from the foster carers' narratives, and the consequent proposed ground theory.

Conclusions: The findings confirm the complexity of the foster caring role, and suggest the positive impact foster carer's reflective stance can have on their experience of difficult behaviour in the child they care for. Research strengths and limitations are discussed, in addition to clinical practice and research implications.

1. SYSTEMATIC LITERATURE REVIEW [1] [2]

Title: Emotion understanding in looked after, accommodated and adopted children: A systematic literature review

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[1] Produced according to submission guidelines of ***British Association of Adoption and Fostering (BAAF) Journal (SAGE style guidelines)*** (see appendix 1 of thesis).

[2] Numbering of titles is included for continuity with the thesis only. Additionally tables are included within text as per instructions in the *University of Edinburgh/NHS (Scotland) Clinical Psychology Training Programme 3 year Full Time and Specialist Training Handbook,* but will be formatted for submission as per *BAAF* guidelines.

1.1. Abstract

Background: Given that differences in children's social understanding capacity is known to predict positive and negative peer interactions it is possible that relationship difficulties experienced by looked after children is at least partially connected to their ability to understand emotions in themselves and others.

Objectives: A systematic review was conducted to determine empirical research exploring looked after children's level of difficulty in emotion understanding, in comparison to children who have remained with their biological parents since birth. It is hoped that the review may highlight and bring some clarity to a body of research characterised by participant and methodological heterogeneity.

Method: Included in the review were English language peer reviewed studies focused on measuring looked after and accommodated children and post-institutionalised children's emotion understanding. In total nine studies met the inclusion criteria for review.

Results: Five studies found looked after children did not perform as well as comparison children on emotion understanding tasks. Two studies failed to reveal a significant difference in emotion understanding between looked after children and comparison children. While, two studies reported strengths and weaknesses suggested by looked after children's performance in emotion understanding tasks, in particular the tendency for looked after children to perform just as well as comparison children when identifying more negative emotions.

Conclusions: Research findings are synthesised. Limitations of the studies and the current review are highlighted. For example, the variability in measuring emotion understanding, small sample sizes and the heterogeneity of the population. Such limitations make generalisability of findings problematic. Furthermore, due to the cross-sectional design of most of the studies causal inferences are limited. Implications of the research and future research are discussed.

Key Words: Emotion understanding, looked after children, heterogeneity

1.2. Introduction

As of 2012 there were 16,248 children between the ages of 0 and 18 years in Scotland looked after by local authorities. Looked after and accommodated children (LAC) are a particular heterogeneous group (Roy & Rutter, 2006). The circumstances preceding a child being looked after will vary greatly. By the time the child is placed with foster carers they may have lived through a variety of adverse life events including physical, emotional and/or sexual abuse, neglect and exposure to violence (Vigg, Chinitz & Schulman, 2005). In addition to this, the removal from their birth families and placement with alternative carers can potentially exacerbate difficulties further, with the potential of multiple moves and other systemic issues adding to their complex and difficult life experiences. Ultimately this may impact on areas of their development including, self concepts, interpersonal relationships and attachments (Barber & Delfabbro, 2002).

There is considerable evidence of poor long-term outcomes for LAC, including psychopathology, academic difficulties, and problems with peer relationships (Clausen, Landsverk, Ganger, Chadwick & Litrownik, 1998; Klee, Kronstadt & Zlotnick, 1997: Landsverk & Garland, 1999; Mooney, Statham, Monck & Chambers, 2009). It is possible that LAC's potential for ongoing difficulties may be related to their maltreatment experiences being compounded with experiences of separation and loss connected with leaving their biological parents and additional loss if they should have experienced placements breakdown (Eagle, 1994). Children adopted internationally following institutional care have also been found to experience similar ongoing difficulties, presenting with physical and behavioural developmental delays at adoption (Ames, 1997; Benoit, Jocelyn, Moddemann & Embree, 1996; Hostetter, Iverson, Thomson, McKenzie, Dole & Johnson, 1991; Johnson, 2000). LAC's experiences vary greatly in terms of levels of abuse and neglect and this is also true of post-institutionalised children (PIC). However it is highly probable that PIC will have experienced extended periods of social and physical neglect, including inadequate motor and cognitive stimulation and the absence of a consistent responsive caregiver (Gunnar, Bruce & Grotevant, 2000; Johnson, 2000). Therefore, both groups present with overlapping difficulties caused by adverse early

life experiences, and have been found to experience long term negative affects as a result.

Fostering and adoption represents a deviation from the 'typical' experience children have of being raised continuously by biological parents, consequently, attachment relationships are a severely compromised domain for both LAC and PIC. When children's attachment has been assessed prior to being looked after, or adopted, a prevalence in attachment insecurity has been found, with disorganised attachment present in over half (Vorria, et al., 2003; Zeanah, et al., 2005; van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). Children who have experienced adversity in their early years are likely to develop maladaptive internal working models of attachment consisting of an internalised set of expectations about self and other influencing their expectations and perceptions of emotions and behaviours in relationships (Bretherton, 1985; Main, Kaplan & Cassidy, 1985). Children's emotion understanding has been found to relate to attachment security (Laible & Thompson, 1998; Steele, Steele, Croft & Fonagy, 1999). Deviations from supportive care giving may contribute to patterns of emotion regulation and understanding that create challenges for young people in future relationships (Cassidy, 1994; Colle & Del Giudice, 2011; De Rosnay & Harris, 2002).

The current focus of this systematic review is on LAC and PIC's ability to understand emotions. Given that differences in individual's social understanding capacity is known to predict positive and negative peer interactions (e.g. Banerjee, Watling & Caputi, 2011; Dunn & Cutting, 1999) it is possible that relationship difficulties (e.g. peer relationships) experienced by LAC and PICs are at least partially connected to their ability to understand emotions in themselves and others. Emotion understanding can be defined as one's ability to recognise specific expressions of emotion in others and to understand, and consequently predict, the antecedents to different emotional reactions in varying situations. Typically, children can accurately recognise and discriminate facial expressions for basic emotions by approximately their third birthday (Brown & Dunn, 1996; Denham, 1986; Walden & Field, 1982). Children as young as two have been found to

demonstrate an ability to predict emotional states based on situational cues in others (Brown & Dunn, 1996; Denham, 1986), a skill that continues to develop during their preschool years. However, maltreated children have been reported to exhibit delays in their emotion understanding, emotion recognition and affective perspective taking (Camras, Grow & Ribordy, 1983; Camras, Ribordy, Hill & Martino, 1990; During & McMahon, 1991; Pears & Fisher, 2005, Pollack, Cicchetti, Hornung & Reed, 2000; Rogosch, Cicchetti, Shields & Toth, 1995).

A number of factors have been highlighted as potentially negative influences on children's development of emotion understanding including: exposure to disrupted care giving and atypical emotional environment (Denham, Zoller & Couchoud, 1994; Pollack, et al., 2000); less positive and more negative emotion shown by caregiver (Burgess & Conger, 1978; Lyons-Ruth, Connell, Zoll & Stahl, 1987) and; caregivers who tend to be unpredictable and emotionally unstable (Barnett, Ganiban & Cicchetti,1999; Rogosch et al., 1995). Therefore LAC are likely, due to their history, to experience some degree of disruption in their development of emotion understanding. It is suggested that once children have entered, and settled into, a stable and caring environment (e.g. foster care) they are then in a position to begin receiving supports that will help to improve areas in their development that have been negatively affected by their history of inadequate care. Emotion understanding is one such area that may be focused on for improvement through use of training and interventions. Skills such as identifying facial emotions and inferring emotions to situational cues are skills upon which development of complex social interactions are based (Wismer Fries & Pollak, 2004). Therefore, designing supports to focus on the development of these areas in LAC has significant potential.

Due to the heterogeneity of the group under investigation, LAC (Stein, 2006; Roy & Rutter, 2006), it is predicted that reviewing the literature will raise a number of challenges for similar reasons. The evidence base is limited by the lack of consistency in investigative methodologies and consequent variability in findings. Difficulties in this area of research include: restricted access to LAC; limitations in care staff cooperation; low participant engagement and; high sample attrition

(Gilberston & Barber, 2002; O'Sullivan & Westerman, 2007; Richardson & Joughin, 2002; Skuse & Evans, 2001). Due to the aforementioned reasons some research has been limited to case file audits or investigating professionals' perspectives (i.e. social workers) due to difficulty working directly with the children (Schofield, Thoburn, Howell & Dickens, 2007) or the use of relatively small purposive samples of particular subgroups (e.g. children in foster care, institutional care, post-institutionalised adopted) (Pilowsky, 1995; Rutter, Roy & Kreppner, 2002; Sempik, Ward & Darker, 2008). Consequently, the generalisability of findings to a wider LAC population is somewhat limited due to the difficulties in carrying out research and the use of selective research strategies.

A systematic review of the literature was conducted to determine empirical research exploring LAC and PIC children's level of difficulty in emotion understanding, in comparison to children who have remained with their biological parents since birth. It is hoped that the review may highlight and bring some clarity to a body of research characterised by participant and methodological heterogeneity.

1.3. Method

1.3.1. Search strategy

A literature search using the following databases was carried out in February 2014: EMBASE (1980 to February 2014), MEDLINE (1980 to February 2014), PsycINFO (1980 to February 2014), Psychology and Behavioural Science Collection (1980 to February 2014), CINAHL (1980 to February 2014) and Google Scholar. The search terminology used was: (emotional understanding OR emotional literacy OR emotional intelligence OR emotional knowledge OR emotion) AND (foster child OR foster care OR looked after children OR accommodated children OR adopted children OR adoption). Finally, reference lists from articles were reviewed.

1.3.2. Inclusion and exclusion criteria

Studies exploring emotion understanding (emotional intelligence or emotional literacy) in looked after children (foster care, adopted or residential care) were included in the review. Due to the small number of studies exploring emotion understanding, studies involving post-institutionalised adopted children were included in the review. Children up to the age of 18 years were included. Only English language articles in peer reviewed journals were included in the current review.

1.3.3. Critical appraisal

The assessment of study quality, although relevant, was not included as an inclusion criterion due to the objective of the review to appraise the range and level of evidence for the LAC population. The quality of papers meeting the inclusion criteria were, however, assessed using a quality appraisal checklist. The quality of the studies was appraised according to the STROBE guidelines (Strengthening the Reporting of Observational Studies in Epidemiology guidelines: von Elm et al., 2008) due to its focus on observational research methods (see Appendix 2). Due to the guidelines comprehensive development (see von Elms et al., 2007 for a more detailed description) and the guidelines being applicable to all observational research methods, for the purpose of this review, the STROBE guidelines were considered to be most suitable for the assessment of study quality. As a quality control measure, a randomly selected five studies were second rated (using the same quality assessment criteria) by a clinical psychologist known to the author, and independent of the review. All of the studies assessed were rated in the same category. Between the author and the independent rater there was 100% agreement in 60% of the ratings. The difference between the author and independent rater's scoring was no greater than one point (out of a potential 32 points). The two minor discrepancies in ratings (out of 5) were resolved by discussion. The quality ratings for each study are detailed in Appendix 3.

1.3.4. Search results

The computerised search returned 756 results (410 from PsycINFO, 338 from EMBASE, 78 from Psychology and Behavioural Science Collection, 51 from MEDLINE and 27 from CINHAL). Following removal of duplicates 644 publications remained. These were examined according to the inclusion and exclusion criteria. 610 studies were rejected based on the titles and keywords. Reasons for exclusion based on title and keyword included non-LAC population, absence of emotion understanding focus, evaluation of interventions, and inclusion of over 18 year olds. A search of Google Scholar, identified two potential articles when reading titles and abstracts. 34 abstracts were reviewed from which 14 full texts were obtained and reviewed. Manual searching of the reference lists of relevant publications did not reveal any further articles to meet inclusion criteria, excluding those already identified. The final number of publications found to be eligible for inclusion in the review was nine. The study selection process is summarised in Figure 1.1.

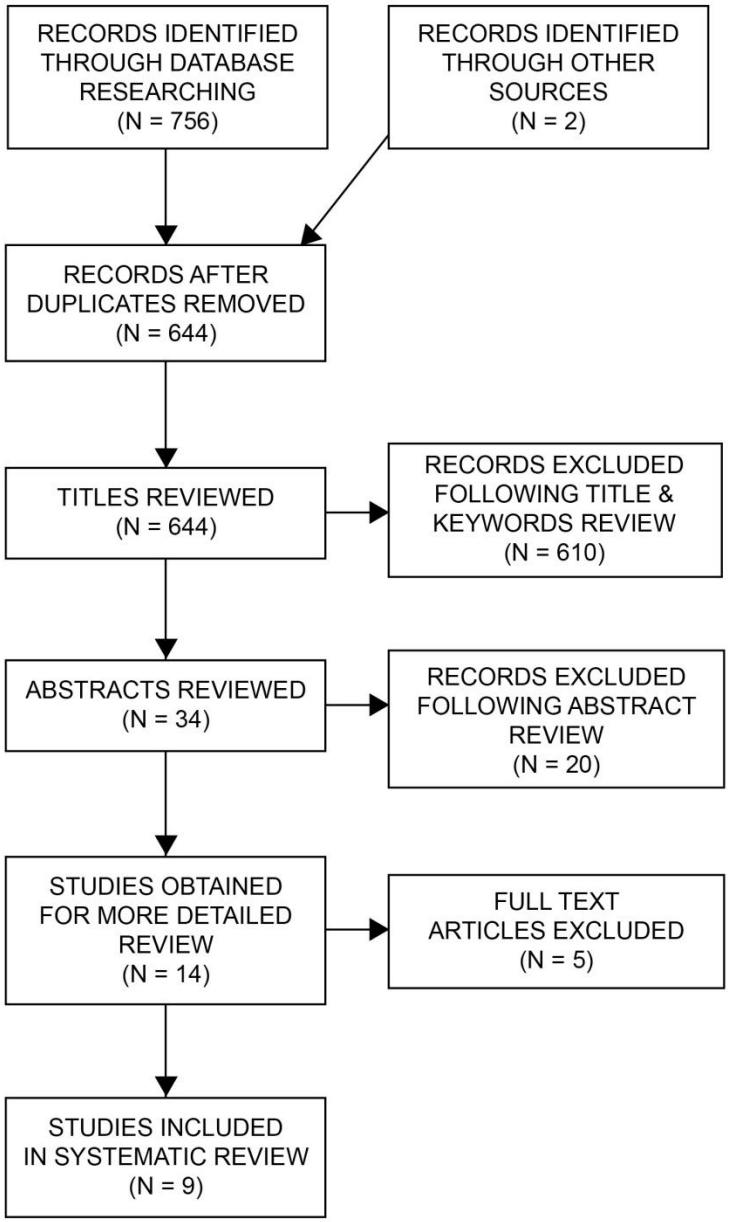

Figure 1.1: Flow diagram of selection process

1.4. Results

1.4.1. Overview of reviewed studies

An overview of study characteristics and a brief summary of key study findings are presented chronologically in Table 1.1. The studies under review were carried out in the United States of America (n=6), United Kingdom (n=1), Italy (n=1) and Greece (n=1). The study sample sizes ranged from n=18 to n=193. The ages of participants ranged from 3 to 15 years old. The research spanned a 15-year period from 1998 to 2013. All of the studies to be reviewed were non-experimental (observational) studies and predominantly adopted a cross-sectional design using control information for comparison (general population norms where used by two studies and seven studies used comparison groups). All nine studies used statistics to determine variance in emotion understanding between groups of children looked after in differing environments and children who have never been looked after. The studies used statistics of association (e.g. correlations or regression analysis) in addition to *t*-tests, analyses of variance, analyses of covariance and multivariate analyses of variance.

Emotion understanding was determined using a variety of measures and tasks. Table 1.2 contains information regarding levels of reliability and validity of the measures of emotion understanding used by the nine studies included in the current review. Evident is the variety of measures being used by the studies. It was common for studies to develop or adapt their own measure of emotion understanding. Two studies adapted tasks from Denham's Affective Knowledge Test (Denham, 1986), one study used the Emotional Literacy: Assessment and Intervention Inventory (ELAII, Faupel, 2003), one used a modified version of a developed emotion understanding measure (Cassidy, Parke, Butkovsky & Braungart, 1992), one study used the Nim Stim Set of Facial Expressions (Tottenham et al., 2009) as stimuli, one used the Test of Emotion Comprehension (TEC, Pons & Harris, 2001) and three studies utilised face images from two developed stimulus packs (Ekman, 1976 and Camras et al., 1990) in their emotion understanding tasks.

Table 1.1: Summary of studies investigating emotion understanding in looked after, accommodated and adopted children

Author(s)	Country	Study Design	Sample Size	Age	Type of Care	Measure of Emotion Understanding	Summary of Key Findings
Zimmerman, Howe, Tepper & Parke (1998)	United States of America	Observational	42	6-10 years	Residential Treatment Centre	A modified version of Cassidy, Parke, Butkovsky & Braungart (1992) Emotional Understanding Measure	Based on a 6 (emotion) x 4 (target person) x 2 (gender) x 2 (group) ANCOVA (controlled for IQ) residentially cared children were found not to differ from comparison children on the appropriateness of responses to questions regarding their emotions. Measuring the extreme/unique dimension in relation to "what would others do?" using a 6 (emotion) x 4 (target person) x 2 (gender) x 2 (group) repeated measures ANCOVA showed that children with a history of abuse were more unique/extreme in their answers than the control children, $F (1, 73) = 9.23$, $p < .003$).
Wismer Fries & Pollack (2004)	United States of America	Observational	18	53.7 months (mean)	Post-institutionalised Internationally Adopted	Emotional Situation Task. Emotion Identification Task.	A repeated measures ANOVA with group as a between subjects factor and emotion as a within subjects factor found the adopted children exhibited difficulty identifying facial expressions of emotion, $F (1, 37) = 9.10$, $p < .01$. A one-way ANOVA was conducted for each emotion and found that PIC displayed significant difficulty matching appropriate facial expressions for happy ($F (1, 37) = 6.31$, $p < .05$). sad ($F (1, 37) = 10.11$, $p < .01$) and fearful ($F (1, 37) = 6.10$, $p < .05$) scenarios. Adopted children performed as well as comparison children when identifying and matching angry facial expressions ($F (1, 37) < 1$, *ns)*.

Table 1.1 (continued): Summary of studies investigating emotion understanding in looked after, accommodated and adopted children

Author(s)	Country	Study Design	Sample Size	Age	Type of Care	Measure of Emotion Understanding	Summary of Key Findings
Pears & Fisher (2005)	United States of America	Observational	60	3-5 years	Foster Care	Emotion understanding task adapted from Denham (1986).	A hierarchical regression analysis with emotion understanding as the dependent variable was conducted. The first step of the regression equation for emotion understanding was significant, $F (4, 79) = 26.98$, $p < .001$. The overall equation was also significant when foster care status was added in the second step, $F (5, 78) = 26.85$, $p < .001$. Foster children significantly performed worse in emotion understanding tasks, even when accounting for age, intelligence and executive function. There was no association between time in foster care, number of transitions and emotion understanding following correlational analyses.
Camras, Perlman, Wismer Fries & Pollak, (2006)	United States of America	Observational	41	4-5.5 years	Post-institutionalised Internationally Adopted	Emotion Situation Task, Expression Identification Task	MANCOVA's were performed with group as the independent variable to test children's ability to identify emotions ($F (8, 154) = 3.87$, $p < .001$) and match facial expressions to emotional situations ($F (8, 152) = 2.28$, $p = .025$). A significant effect was found in both tasks with post-institutionalised children from both Eastern Europe and China scoring lower than the comparison group. Adoptees originally from China performed better than adoptees originally from Eastern Europe on both tasks. Post-institutionalised children's performance was predicted by their age at adoption.

Table 1.1 (continued): Summary of studies investigating emotion understanding in looked after, accommodated and adopted children

Author(s)	Country	Study Design	Sample Size	Age	Type of Care	Measure of Emotion Understanding	Summary of Key Findings
Vorria, et al. (2006)	Greece	Observational	61	4 years	Post-institutionalised Adopted	Denham Puppet Scenario (Denham, 1986)	A series of univariate *t*-tests were carried out and for the emotion understanding measure PIC ($M = 19.4$, $SD = 5.8$, $t = 3.69$, $p < .001$) were found to score lower than the comparison children ($M = 23.4$, $SD = 4.4$). No additional statistical analysis was carried out in relation to the emotion understanding task.
Tarullo, Bruce, & Gunnar (2007)	United States of America	Observational	120	6-7 years	Foster Care and Post-Institutionalised Adopted	Computerised: emotion identification task; emotion situation task and; emotion antecedents task	A one-way ANOVA indicated that groups of children did not differ in their performance in either the emotion identification task or the emotion situation tasks.
Jeon, Moulson, Fox, Zeanah & Nelson (2010)	United States of America	Observational	90	42.0-44.4 months	Institutional Care and Foster Care	A visual paired comparison procedure of emotional expressions. Pictures taken from MacBrain, Face Stimulus Set (Tottenham et al., 2009).	A 4 (emotion pairs) x 3 (group) x 2 (gender) x 2 (order within emotion pair) repeated measures ANOVA did not reveal a main effect of group or group by emotion pair interaction, indicating that all three groups of children (institutionalised, post-institutionalised foster children and comparison children) were found to be equally capable of discriminating different facial emotional expressions (sad-fear, fear-neutral, happy-sad and fear-happy).

Table 1.1 (continued): Summary of studies investigating emotion understanding in looked after, accommodated and adopted children

Author(s)	Country	Study Design	Sample Size	Age	Type of Care	Measure of Emotion Understanding	Summary of Key Findings
Barone & Lionetti (2011)	Italy	Observational	20	3-5 years	Adopted	Test of Emotion Comprehension (TEC: Pons & Harris, 2000).	Compared with normative data from another study (Albanese & Molina, 2008; M = 5.70, SD = 1.20), the adopted children's emotional understanding was found to be generally impaired (M = 4.63, SD = 2.34, t = -2.004, $p \leq 0.05$). The adoptees who were found disorganised in their mental representations of attachment performed worse in emotional understanding ($r = 0.6$, $p \leq 0.005$).
Rees (2013)	United Kingdom	Observational	193	7-15 years	Foster Care	Emotional Literacy: Assessment & Intervention Inventory (ELAII: Faupel, 2003).	LAC performed less well in the emotion literacy measure overall (Child: M = 72.97, SD = 8.95, t = 2.20, $p < .05$; Carer: M = 62.98, SD = 11.84, t = 11.40, $p < .001$; Teacher: M = 54.81, SD = 11.15, t = 4.18, $p < .001$) compared with general population norms (Child: M = 74.60, SD = 9.60; Carer: M = 73.20, SD = 10.20; Teacher: M = 59.10, SD = 12.10). Looked after children's emotional literacy rating, as a group, suggested they experienced relatively high levels of difficulty in this domain. There was marked differences reported in the perception of different raters (teachers and carers rating lower than the children).

Table 1.2: Details of how emotion understanding was measured

Review Study	Measure Used	Measure Details	Validity & Reliability
Pears & Fisher (2005)	**Denham's Affective Knowledge Test** (AKT; Denham, 1986)	Pears & Fisher (2005) adapted tasks from Denham (1986). The emotion recognition task was divided into two parts: for the four expressive emotion recognition items, children were shown 4 line drawings of faces depicting happy, sad, angry and scared emotion (taken from Denham's manual for the puppet task). The affective perspective taking tasks involved scenes performed by 3 puppets (a main character, a sibling and a mother). The puppets performed 16 scenes portraying events that may provoke happiness, fear, sadness or anger.	Denham (1986) reported the tasks possessing good internal reliability. Emotion recognition task – Cronbach's alpha = .89). Affective perspective taking task – Cronbach's alpha = .93. Pears & Fisher (2005) calculated a standard alpha of .84 for the emotion understanding construct (both tasks combined) used in their study. In terms of validity, AKT scores are related to indices of social-emotional competence across a number of studies (e.g., Cutting & Dunn, 2002; Denham et al., 2003).
Vorria et al., (2006)	**Denham's Affective Knowledge Test** (AKT; Denham, 1986)	Vorria et al., (2006) employed the puppet scenario task to measure children's affective perspective taking. 22 vignettes were enacted to the child depicting happy, sad, angry and scared scenarios. The child had to choose the puppet's emotional facial expression that best suited each scenario.	As above. Additionally, Vorria et al., (2006) calculated the Cronbach's alpha score (.77)
Rees (2013)	**Emotional Literacy: Assessment and Intervention Inventory** (ELAII; Faupel, 2003)	The ELAII is a standardised emotional literacy inventory for use with 7-16 year olds, and contains parallel inventories for child teacher and parent/carers. The child and parent versions have 25 questions each and the teacher version has 20 questions. Each inventory contains 5 subscales (Self-awareness, Self-regulation, Motivation, Empathy and Social skills) and an 'overall' score. Available are norms for 'overall' scores on all 3 inventories and teacher and parent/carer subscales.	Faupel (2003) reported internal consistency reliability quotients for the 3 scales. The children's scale – Cronbach's alpha = .76. The parent/carer scale – Cronbach's alpha = .87. The teacher scale – Cronbach's alpha = .92. The face validity of some of the items in the ELAII was recently described as questionable by Flynn (2010) as they appear to measure competencies other than those related to emotional literacy (for more details please see Flynn, 2010).

Table 1.2 (continued): Details of how emotion understanding was measured

Review Study	Measure Used	Measure Details	Validity & Reliability
Zimmerman, Howe, Tepper & Parke (1998)	**Emotion Understanding Measure** Cassidy, Parke, Butkovsy & Braungart (1992)	Zimmerman et al. (1998) employed a modified version of an Emotion Understanding Measure (Cassidy et al., 1992) which assessed emotional recognition (decoding), expression (encoding), understanding situations that lead to emotion in self and others, emotional responses to one's own and others' emotions, and action responses to one's own and others' emotions. The children's answers to open-ended questions were scored from 1-4 on appropriateness, uniqueness and on extremity.	Zimmerman et al. (1998) reported correlations between 'extreme' and 'unique' ranged from .45 for the emotion of happy to .91 for the emotion of scared. Inter-rater reliability for the schemes ranging from .82 to .92 (appropriateness, extreme, unique).
Jeon et al., (2010)	**MacBrain Face Stimuli Set (aka NimStim Set of Facial Expressions)** Tottenham et al., (2009)	Jeon et al. (2010) used the Nim Stim faces as participant stimuli. Pictures of 8 Caucasian female faces expressing happy, sad, fearful and neutral emotions were chosen. Each participant was tested on 4 pairs of facial expressions in a visual paired comparison – Sad-Fear, Fear-Neutral, Happy-Sad and Fear-Happy.	Tottenham et al. (2009) used two validity measures, proportion correct and Cohen's kappa scores (Cohen, 1960) for each stimulus (Cohen's kappa is a chance-corrected measure of agreement between the intended expression and the participants' labels). The overall proportion correct was high (mean=0.81 (S.D.=0.19), median=0.88). The overall concordance between raters' labels and the intended expressions was also high (mean kappa across stimuli=0.79 (S.D.=0.17); median kappa=0.83). Reliability scores (i.e., proportion agreement) were calculated for each stimulus to quantify agreement between times 1 and 2 for each stimulus. Overall, there was agreement between times 1 and 2, with a mean (S.D.) reliability score of 0.84 (0.08) and median of 0.86

Table 1.2 (continued): Details of how emotion understanding was measured

Review Study	Measure Used	Measure Details	Validity & Reliability
Barone & Lionetti (2011)	**Test of Emotion Comprehension** (TEC; Pons & Harris, 2001)	Barone & Lionetti (2011) used the TEC to evaluate the children's ability to recognise emotional expressions and feelings related to children's face pictures and stories. The test consisted of a picture book with a sample cartoon scenario of facial expressions and stories regarding emotions. To the scenarios the children were asked to attribute an emotion. A composite score of emotion understanding was based on the evaluation of 9 components: recognition of emotion based on facial expressions; understanding of external causes of emotion and desire-based, belief-based, mixed and moral emotions; understanding the possibility of an experienced emotion being regulated; understanding of hiding a true or underlying emotion and; influence of a reminder of a present feeling.	TEC has been found to demonstrate good test-retest reliability correlation when administered to children aged 9 years after three months (r (18) = .84) (Pons, Harris & Doudin, 2002). TEC has also shown good stability in its administration to children of 7, 9 and 11 years after 13 months (r (40) = .68) checking by age and gender, r (38) = .54) (Pons & Harris, 2005). TEC was found to correlate strongly with language ability (r = 81 and .52 when the effects of age and gender were controlled) (Pons, Lawson, Harris & de Rosnay, 2003) and with IQ (r = between .62 and .78) (Hernández-Blasi, Pons, Escalera & Suco, 2003). TEC was validated in Italy (Albanese & Molina, 2008).
Tarullo, Bruce & Gunnar (2007)	**Developed by the authors** **Stimuli Pictures: Ekman, 1976; Camras, et al., 1990)**	Tarullo et al. (2007) developed their own measure of emotion understanding. Three computerised tasks. The emotion identification task consisted of 4 photographs of an adult (Ekman, 1976, 4 trials) or child (Camras et al., 1990, 4 trials) with different facial expressions of emotion. The children were asked by the computer to select the happy, sad, mad or scared face. The emotion situation task involved the presentation of 16 vignettes of child/parent situations. Following each vignette 4 faces were presented, the child selected the facial expression that best matched how the protagonist was feeling. The final task assessed children's understanding of the antecedents of different emotions (Perlman & Pollack, 2003).	The scores on the 3 measures of emotion understanding were found to be modestly correlated (r=.25, - r=.39). The Ekman Pictures of Facial Affect generated a Kappa score of .88 (Ekman, 1976). A validity study (Palermo and Coltheart, 2004) containing images from five picture sets including the Ekman Picture of Facial Affect (Eckman, 1976) reported an overall labelling accuracy of 76.4%. No additional information regarding validity or reliability reported or available.

Table 1.2 (continued): Details of how emotion understanding was measured

Review Study	Measure Used	Measure Details	Validity & Reliability
Tarullo, Bruce & Gunnar (2007) *(Continued)*		In this task children were asked to teach a robot about happy, sad and angry emotions. The robot gave an explanation to an emotion and the children had to evaluate the robot's accuracy.	
Wismer Fries & Pollack (2004)	**Developed by the authors** **Stimuli Pictures: Ekman, 1976; Camras, et al., 1990)**	The Emotion Situation Task consisted of 32 short vignettes about emotion eliciting incidents, accompanied by colour illustrations. The children were asked to indicate what the protagonist in each vignette was likely to be feeling by choosing 1 of 4 photographs of adults (Ekman, 1976) or of children's (Camras & Allison, 1985; Camras et al., 1990) faces. The Emotion Identification Task children were presented with 4 photographs of faces (1 of which was correct and 3 were foils). The children were asked to select the corresponding happy, sad, mad or scared faces.	As above.
Camras, Perlman, Wismer Fries & Pollack (2006)	**Developed by the authors** **Stimuli Pictures: Ekman, 1976; Camras, et al., 1990)**	The Emotion Situation Task involved 32 short vignettes describing emotional situations (happy, angry, sad or scared). The vignettes were accompanied with colour illustrations that did not include the characters' facial expressions, or the verbal emotional label. Children were required to select a facial expression for the story protagonist choosing from a set of 4 photographs (1 of which was correct and 3 were foils) of adults (Eckman, 1976) or children (e.g. Camras, Grow & Ribordy, 1983). The Emotion Identification Task involved the verbal presentation of an emotion label (happy, mad, scared or sad) accompanied by 4 photographs (1 of which was correct and 3 were foils). Children were asked to select the expression showing the labelled emotion.	As above.

1.4.2. Study findings

Studies will now be grouped and critically appraised under three categories: those studies that found significant difference in the emotion understanding of looked after children when compared to control children; studies suggesting no difference in emotion understanding between looked after children and control children and; studies which generated mixed results. The overall quality of the studies under review were rated as moderate to high. The quality ratings calculated for each study are summarised in Appendix 3.

1.4.2.1. Studies suggesting looked after children present with a deficit in emotion understanding tasks

Within this category there are five cross-sectional studies. Articles are presented in chronological order.

Pears and Fisher (2005) examined emotion understanding and theory of mind abilities in maltreated children in foster care. Within this review their examination of emotion understanding is the focus. Additionally considered was whether or not foster children with a history of maltreatment were more sensitive to anger. Pears and Fisher (2005) used a sample of 60 children, aged 3 to 5 years who were in foster care and had a history of maltreatment. A comparison group of 31 same-aged non-maltreated children living with their biological low-income families was used. Emotion recognition and affective perspective taking was measured using adapted tasks taken from Denham's AKT (1986) (see Table 1.2 for details). In keeping with their hypothesis, following hierarchical regression analysis, foster care involvement was found to significantly negatively relate to children's emotion understanding, even when age, intelligence and executive function was accounted for. Thus, comparison children performed significantly better than foster children on emotion understanding tasks. Contrary to their hypotheses, no significant association was found between children's length of time in foster care, number of transitions and their emotion understanding. The impact of specific types of maltreatment on the children's emotion understanding were not examined which is a limitation of this

study. Additionally, due to a lack of information regarding foster children's biological families, demographic variables, including maternal education which has been found to be associated with children's emotion understanding (Cutting & Dunn, 1999; Pears & Moses, 2003), were not controlled for.

Camras and colleagues (2006) carried out a study aimed at determining whether post-institutionalised adopted Chinese children would demonstrate difficulties in emotion understanding and whether such difficulties would be comparable to those demonstrated by post-institutionalised adopted Eastern European children. Factors possibly relating to children's performance, such as adoption age and time in their adopted home, were additionally examined. 23 post-institutionalised adopted Chinese children. 18 post-institutionalised adopted Eastern European children and 43 non-adopted comparison children took part in this study. Children's ages ranged from 4 to 5.5 years. All children completed an emotion situation task and an emotion identification task which was developed by Camras and colleagues (2006) and utilised stimuli pictures from Ekman (1976) and Camras et al., (1990) (for further details see Table 1.2). Multivariate analysis of covariance was performed with participant groups to determine children's performance in identifying emotions and matching facial expressions with emotion situations. Additionally a regression analysis was found to indicate that age at time of adoption was a greater influence on children's performance compared to other systematic differences between adoptees. Both post-institutionalised groups of children were found to score lower than the comparison children on emotion understanding tasks. Chinese children were found to significantly outperform Eastern European children in three comparisons. Such findings highlight the variance in emotion understanding development across different groups of post-institutionalised children. Adoption age was suggested as an explanation to this result, as Chinese children were adopted younger and had been living longer in their adopted homes. A strength of the study was consideration of the children's age at testing. Task performance was found to be significantly related to age for both the emotion identification task and the emotion situation task, as Chinese children were older than the Eastern European children age was included as a covariate in the multivariate analyses of variance. A limitation to Camras et al.,

(2006) study is the lack of information regarding quality and quantity of social and emotional stimulation provided to the children while living in the institution.

Vorria and colleagues (2006) focused on children who were adopted following spending their first two years in institutional care. The authors highlighted that this was the first study to investigate the development of children who, while in residential care, had formed an attachment to a primary caregiver, followed by a change in attachment figure due to being adopted. 61 adopted 4 year old children were compared to 39 control children living at home with their parents. The Denham puppet scenario, taken from the Denham's AKT (1986) (see Table 1.2 for details) was employed to assess the children's understanding of emotion. A univariate *t*-test was carried out and suggested that adopted children were less able than comparison children to understand emotions. A limitation to this study was the poorly reported results section, particularly regarding emotion understanding. Additionally, there was a lack of consideration given to causality regarding the children's emotion understanding. The authors also do not report controlling for constants.

Barone and Lionetti (2011) aimed to investigate the role of children's attachment to their adoptive parent on their performance on an emotion understanding task. 20 internationally adopted children, aged between 3 and 5 years, completed the TEC (Pons & Harris, 2000) (please refer to Table 1.2 for details) in order to evaluate their emotion understanding ability. When their performance was compared to normative data, using a *t*-test, adopted children's emotion understanding was found to be significantly impaired. The attachment variable was added to the analysis and findings suggested that adopted children who were found to be disorganised in their mental representations of attachment, as measured by the Manchester Child Attachment Story Task (MCAST; Green, Stanley, Smith & Goldwyn, 2000), performed worse in emotional understanding. An organised attachment security was suggested to mediate the association between children's experience of adoption and their emotional understanding. A significant limitation to Barone and Lionetti's (2011) study is the small sample size, which limits generalisation of the findings.

Rees (2013) carried out a multidimensional, multiple-rater population based study which explored the emotional literacy of looked after children, alongside three additional domains: mental health, cognitive ability and literacy attainment. The focus here is on the children's emotional literacy. The population of looked after children in one local authority was assessed. 193 children between the age of 7 and 15 years were included in the study. Rees (2013) employed the ELAII (Faupel, 2003) to measure looked after children's emotional literacy and compared their results to population norms. Chi-square analysis and independent sample *t*-tests were undertaken to explore the relationship between key factors. Statistically significant differences were found in each of the 4 domains, the direction of difference indicated that lower performance was demonstrated by the looked after children when compared to population norms. The emotional literacy ratings of the looked after children suggested that they experienced relatively high levels of difficulty in this area. Different raters were found to differ in their perceptions of children's emotional literacy competence, with children scoring themselves higher than their teachers and carers, respectively. A limitation of this study is the focus on only one local authority, therefore limiting generalisability of findings. The lack of a comparison group of children, is an additional limitation.

1.4.2.2. Studies suggesting looked after children do not present with a deficit in emotion understanding tasks

Tarullo and colleagues (2007) examined false belief and emotion understanding in post-institutionalised children. For the purposes of the current review focus is given to the emotional understanding of the children under investigation. The comparison groups consisted of 40 post-institutionalised adopted children, 40 post-institutionalised foster children and 40 comparison children living with their biological families. All children were aged between 6 and 7 years old. Tarullo et al., (2007) developed their measure of emotion understanding using stimuli pictures (Ekman, 1976; Camras, et al., 1990) (please refer to Table 1.2 for details). Children's performance on three computerised tasks was considered: an emotion identification task; an emotion situation task and; a task assessing understanding of antecedents to different emotions. Statistics used included one-way analyses of

variance, regression analysis and Bonferroni analysis. Positively, consideration was given to language as a confounding variable and verbal ability was controlled for in the analysis. In contrast to their hypothesis Tarullo and colleagues (2007) hypothesis that post-institutionalised children would score significantly lower on emotion understanding tasks that fostered children and control children, even after controlling for verbal ability was not supported. No group differences were found for measures of either emotion identification or affective perspective-taking. A limitation of the study was the measure of emotion understanding used. It was designed for younger children, and so may have been 'too easy' for the 6-7 year old participants. It is possible the measure did not detect subtle deficits in emotion understanding, for this age group, due to its lack of sensitivity. This possibility is supported by the finding that when the same tasks were used by Fries and Pollack (2004) with pre-school post-institutionalised children they were found not to perform as well as comparison children. An additional limitation of the study is the lack of matching between groups verbal ability (which was highlighted as advanced in comparison children) and home environment. Finally, pre-adoption information was supplied via parent reports and therefore its accuracy is questionable.

Jeon et al., (2010) examined the effects of institutionalisation on children's discrimination of emotional facial expressions. Three groups of children in Romania (34 children currently living in institutional care, 36 children residing in high quality foster care and 23 comparison children living with their families) aged between 42 and 42.4 months were tested on their ability to differentiate between 4 pairs of facial expression in a visual paired comparison. The Nim Stim Set of Facial Expressions (Tottenham et al., 2009) were used as stimuli (see Table 1.2 for details). A repeated measures analysis of variance was performed to test their hypothesis that the three groups of children would differ in their ability to discriminate facial expressions. Institutionalised children were expected to demonstrate greatest difficulty in the task, however their hypothesis was not supported, as no main effect of group or group-by-emotion pair interaction was found, indicating that the three groups of children did not differ in their ability to discriminate emotion pairs. Noteworthy, is the fact that discrimination of facial expressions may not automatically suggest that the children's

higher level emotion recognition and understanding ability are intact. It is possible that the task presented to the children (which was only static photographs of women with prototypical facial expressions) did not detect more subtle difficulties in facial emotion processing. It may have been more representative to have compared and contrasted results of more than one task of emotion understanding in order to gain greater insight.

1.4.2.3. Strengths and weaknesses suggested by looked after children's performance in emotion understanding tasks

Zimmerman et al., (1998) aimed to explore emotional understanding and social competence in young people who had experienced abuse and those who had not. The focus here is on Zimmerman and colleagues (1998) exploration of emotional understanding. Their sample consisted of 42 children aged 6 to 10 years who were now living in a residential treatment centre and had experienced abuse in their history. Employed to measure children's emotion understanding was a modified version of the Cassidy et al., (1992) emotion understanding measure (see Table 1.2 for details). Analyses of covariance were carried out controlling for children's IQ. Results of analysis partially supported their hypothesis that children in residential care would differ from comparison children in emotion understanding tasks. The appropriateness of both groups of children's responses to open-ended questions regarding emotional situations did not differ. Zimmerman and colleagues (1998) attributed this finding to the fact that the children in residential care were receiving intensive behavioural therapy and training, and so the positive result may highlight the effectiveness of contact with treatment professionals. Differences between groups was, however, found when the quality of responses were examined. Children in residential care were found more likely to provide answers that were characterised as unique and/or extreme, which was inversely related to appropriateness for the emotions mad, sad and scared. Therefore, Zimmerman and colleagues (1998) concluded their results suggest previously abused, residential children's ideas regarding how others may react to their emotional states were more extreme, unique or different in addition to inappropriate than answers given by non-abused children. A limitation of their findings is the small sample size, which puts in to question the

generalisability of the results. Also questionable is their use of interview format as ideally (Cicchetti, Lynch, Shonk & Manly, 1992) naturalistic observations over a period of time are more representative of children's skills, especially in comparison to an interview format.

Wismer Fries and Pollack (2004) aimed to investigate emotion understanding in post-institutionalised Eastern European adopted children compared to comparison children using an emotion situation task and an emotion identification task (stimuli pictures were sourced from Ekman, 1976 and Camras, et al., 1990) (see Table 1.2 for details). The 18 adopted children participating were on average 53.7 months old and the comparison group of 21 children living at home were on average 54.1 months old. A repeated measures analysis of variance was carried out to examine the children's ability to match emotional expressions with situations and found that adopted children performed this task with less accuracy than the control group. Children's performance was found to differ depending on the emotional situation. To determine the source of interaction one-way analyses of variance were conducted for each emotion and revealed that adopted children had demonstrated difficulty matching expressions to situations involving happiness, sadness and fear. Adopted children were however, found to perform equally as well as the comparison group when the situation involved anger. Adopted children were also found to demonstrate difficulty, in comparisons to control children, in identifying facial expressions of emotion in the absence of contextual cues. No difference was found between groups when recognising anger, with both groups performing relatively poorly. A particularly interesting finding was that time spent in their adoptive home was related to increased performance in both tasks for the adopted children. Wismer Fries and Pollack's (2004) finding differs from that of Pears and Fisher (2005) who did not find maltreated foster children to be more sensitive to the emotion anger. A limitation of the current study is the small sample size and the focus on Eastern European adoptees, both limit the generalisability of the findings. An additional limitation of Wismer Fries and Pollack's (2004) study is the lack of information available regarding the children's histories which has not allowed for consideration of causality regarding the children's emotion understanding.

1.5. Discussion

1.5.1. Methodological considerations of the studies

No previous systematic reviews or meta-analyses have been conducted that focus specifically on LAC's emotion understanding ability. In addition to the previously mentioned methodological weaknesses specific to the studies reviewed, the body of literature itself has a number of limitations. Firstly, all studies here were observational in nature, and primarily cross-sectional which are generally considered to be inferior (Petticrew & Roberts, 2006). Although cross-sectional studies are useful in determining prevalence in a population and the identification of associations, they do not, however, differentiate cause and effect from simple association (Mann, 2003). Cross-sectional studies do not provide an explanation for their findings, although suggestions can be made. This was particularly evident in the studies included in the current review as none provided robust information regarding the history of the LAC, although one did gather carer reports regarding the children's history (Tarullo et al., 2007) which, in itself, is likely to be limited in accuracy and influenced by their current experience of the child's behaviour (bias). Although assumptions regarding the insufficiency of care, the likelihood of maltreatment and the lack of a secure, responsive, attachment figure for both LAC and PIC, ideally it would have been beneficial to have provided information regarding the child's history in order to begin to understand the subtle differences in emotion understanding development influenced by specific negative life experiences and types of maltreatment (for example, in comparison to other children are children who have been sexually abused more likely to present with difficulty in understanding their own and others emotional and social behaviour due to the very nature of their abuse?). It is, however, acknowledge that access to this information would be extremely difficult and pose a number of ethical issues (i.e. confidentiality). In favour of the studies included in this review they all included a control comparison group, or at least normative data, to compare the groups of children's performance on emotion understanding tasks.

The studies included in the current review were small, with two studies having 20 or less participants (Barone & Lionetti, 2011 and Wismer Fries & Pollack, 2004) and only one study (Rees, 2013) had more than 100 participants in the looked after group. Although this is common in explorative studies of this nature (Mann, 2003), it does, however, limit the generalisability of the findings. Additionally, six of the nine studies were based in the United States of America bringing into question the influence of culture on findings and how generalisable these findings are in other cultures.

A significant consideration regarding the limitations of the studies included in this review is the measure of emotion understanding employed. There was a great deal of variance regarding the tasks and measures used and how they were delivered to the children (i.e. puppet scenarios, computerised tasks, cartoons, presentation of static face images and open-ended questions). Studies tended to modify or adapt previous used tasks for use in their research (i.e. Pears & Fisher, 2005 and Vorria et al., 2006). Three studies (Tarullo et al., 2007; Wismer Fries & Pollack, 2004 and Camras et al., 2006) used the same stimuli pictures (Ekman, 1976; Camras et al., 1990) and were relatively consistent in their tasks used to measure emotion understanding. Only two studies (Rees, 2013 and Barone & Lionetti, 2001) used measures of emotion understanding without adaptation. In spite of the variance in measures used the majority of measures, or stimuli included in the tasks (including emotion recognition tasks, affective perspective taking tasks and understanding of antecedents to emotional situations) had generated Chronbach alpha scores of .7 or above. This suggests adequate reliability (Pallant, 2005) in the emotion understanding measures.

1.5.2. The inclusion of both LAC and PIC

In relation to the quality of the current systematic review an issue to consider is the inclusion of studies investigating emotion understanding in both LAC and PIC populations. This decision was made for a number of reasons: firstly due to the practical issue of limited research focusing solely on LAC's emotion understanding

abilities; secondly, the similarities in both groups of children's experiences, that is, both groups of children will have experienced similar deprived conditions including physical and emotional neglect and potential abuse; thirdly common to both groups of children is the lack of a consistent, responsive and secure caregiver, with the potential for a break in attachment from a caregiver also being experienced. Nevertheless there is a coming together of a number of different variables when including both LAC and PIC in the review. Furthermore, to some degree it has been possible to compare emotion understanding in both groups against comparison children who have remained with their biological families from birth.

Looked after and adopted children are an exceptionally heterogeneous population who present with extremely individual and unique experiences prior to being cared for, in addition to experiences of care itself adding to the complexity of findings (Luke & Banerjee, 2013). Schofield and Beek (2005) consider resilience in foster children and highlight how children in long-term foster care interact with complex environments and environments interact with one another across time in ways that *"defy accurate measurement"* (Schofield & Beek, 2005, p. 1285) but continue to require understanding in order to support the children. They go on to suggest that emphasis therefore requires to be placed on understanding processes and mechanisms rather than focussing on individual characteristics and factors (Rutter, 1987).

1.5.3. Synthesis of research findings

Holding in mind the aforementioned limitations, the findings from this systematic review suggest that LAC and adopted PIC's do not perform as well as comparison children in a number of measures of emotion understanding. However, the picture in relation to children's emotion understanding is complex. Evident is the likelihood that PIC children do not perform as well as LAC children on emotion understanding tasks, who in turn do not perform as well as children who have never been looked after. Rather than the cared for children, in both groups, possessing a deficit in

emotion understanding it is more likely that they have experienced a delay in this particular aspect of social development. This suggestion is supported by evidence implying that PIC, and potentially LAC, can demonstrate improvements in emotion understanding tasks over time. Wismer Fries and Pollack, (2004) found that adopted PIC aged 53.7 months on average experienced greater difficulty compared to comparison children in emotion identification and emotion situation tasks. Using the same measures, Tarullo and colleagues found that three groups of children (post-institutionalised adopted, post-institutionalised fostered and children living with their birth families) aged between 6 and 7 years did not differ in their performance (Fries and Pollack, 2004; Tarullo et al., 2007). Considering these studies results together, it suggests that PIC display a delay rather than a deficit. Such findings implying improvement are possibly attributable, at least in part, to the child's ongoing experience of a secure and responsive attachment relationship (i.e their foster carer or adoptive parent) within a long-term, secure environment.

Zimmerman et al., (1998) also found no difference in children's performance on an appropriateness of children's responses to questions regarding emotional situations task and attributed this finding to the children receiving intensive behavioural therapy and training. Jeon et al., (2010) was the only other study to find no difference in children's performance in an emotion understanding task. This may have been due to the use of only one measure of emotion understanding (discrimination of facial expression task) therefore higher level emotion recognition and understanding skills may not have been captured by the measure. It is consequently suggested that ideally more than one task should be used to measure emotion understanding in order to gain a greater understanding of LAC and PIC socioemotional processing.

An interesting finding to come from two studies included within this review (Zimmerman, et al., 1998; Wismer Fries & Pollack, 2004), though not found when explored by another study (Pears & Fisher, 2005), was the tendency of LAC and PICs to perform just as well as comparison children, or display greater sensitivity, when identifying more negative emotions. This was in addition to LAC's ideas

regarding how others might react to their emotional states being found to be more extreme, unique/different or inappropriate compared to comparison children. This finding has been supported in the emotion understanding in maltreated children literature, with some studies finding maltreated children displaying superior performance in recognition of anger and fear tasks (e.g. Shackman & Pollack, 2005). It is also consistent with the evidence of a hostile attribution bias among children who have experienced adversity in their early years (e.g. Dodge, Pettit, Bates & Valente, 1995). Observational research carried out by Dunn and Hughes (1998) suggested that children's experiences of distress and anger in their early years may lead to heightened vigilance to negative social cues. Therefore, children who have witnessed displays of anger may become hyper vigilant to anger cues as this is necessary in order to protect oneself from danger.

1.5.4. Implications

Given the apparent difficulty in emotion understanding displayed by most of the children in the nine studies under review, and the evidence highlighting LACs experience of difficulties in peer relationships, it is important that supports are developed to aid their development in important social skills. The findings suggest the potential benefits that exist in focusing interventions on specific areas of emotion understanding and social skills. Behavioural interventions could take the form of reinforcement, coaching and role playing situations. Interventions and training based on the child's development of mentalizing capacity is also of potential benefit to children's understanding of emotions and could allow for the involvement of both the child and their carer (e.g. Ironside, 2012). By developing LAC's ability to recognise emotions in, for example their caregivers, they may be better able to make sense of the impact of their behaviour on the emotions of their carer which may, consequently, contribute to the development of the child/carer relationship and ultimately the security of their placement.

With regard to the child's internal working model of attachment, developed from their difficult history of relationships and influential on their perceptions of others emotions, and expectations on others reactions to their emotions and behaviours (Bretherton, 1985; Main, Kaplan, & Cassidy, 1985), therapeutic interventions focused on challenging and modifying children's expectations would be advantageous (McCrone, Egeland, Calkoske & Carlson, 1994).

1.5.5. Future research

There are a number of areas that warrant further research in relation to LAC's emotion understanding. Future research could examine more closely the similarities and differences in children's emotion understanding by comparing fostered children who have experienced maltreatment with children who are living at home with their biological families and have also experienced maltreatment. This may go some way to disentangling the impact of removal from a primary caregiver on emotion understanding.

A limitation highlighted repeatedly by the studies examined in this review was the lack of focus on the causes of emotion understanding difficulties in LAC and PIC. This seems to be a particular area requiring further investigation. Research focusing on specific types of maltreatment (e.g. sexual abuse) could prove interesting in determining their impact on children's development of emotional and social skills, and contribute to knowledge regarding the causality of difficulties. Also research considering, for example, caregiver characteristics and children's demographic information (e.g. cultural and socio-economic) in addition to details regarding their care history may also elucidate causes of particular emotion understanding difficulties.

1.5.6. Conclusions

The majority of studies (five out of nine) in this review concluded that LAC and PIC do not perform as well as comparison children in a number of measures of emotion understanding. Due to the fact that placement in foster care is inherently connected with maltreatment it is difficult to determine the extent to which a LAC's emotion understanding capacity is influenced by their looked after status alone. It is more likely that experiences of adverse treatment and separation from a primary caregiver and/or multiple placements work in combination to make understanding emotions in the self and others more difficult for LAC. This is however only a hypothesis as the current studies were not able, due to their design, to determine the cause of difficulties in the children who participated in their studies. Due to the lack of knowledge regarding causality, the limited number of studies in the area and the clear need for LAC to be provided with supports in order to develop and maintain relationships with peers and caregivers, further research, and development of interventions, is warranted. A number of studies did however highlight the remedial affect on LAC's emotion understanding of having a secure attachment within a safe base, with children demonstrating improvement in their emotion understanding skills over time. This implies that LAC's emotion understanding difficulties indicate a delay in their development rather than a deficit, and so it is paramount that children are appropriately supported to strengthen their skills, which will in turn positively influence their relationships with others.

Highlighted by this review is the heterogeneity of LAC and the corresponding body of literature. In response, a differentiated care service is required to address the heterogeneity of the care population. In order to provide the best service possible it is necessary to consider the child's history prior to being looked after, their particular care experiences and the unique individual needs and strengths they possess. A tailored package of care designed for the individual child has to be provided in order to address their particular difficulties, to help them to process the possible trauma and inevitable losses they have experienced and to support them in becoming all they can be in all areas. It is suggested here that foster carers can be an integral part of that tailor made care package. Foster carers are in a prime position to support the

child's development, at the same time as providing them with the experience of an adult who is kind, loving and trustworthy thus providing the child an opportunity to challenge negative internal working models. By developing a secure attachment with a caring adult the child has the chance to break negative cycles in relationships, to develop a positive view of them self and to allow them to fulfil their true potential.

1.6. References

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2. BRIDGING CHAPTER

The impact of abuse and neglect, in conjunction with separation from primary caregiver, can have complex and far reaching relational and mental health consequences for looked after children (e.g. Schore, 1994; MacDonald & Dennis, 2009). Difficulties with emotion understanding, along with other social cognition skills, has been highlighted as a particular area of difficulty for children in foster care, compared to children who are not looked after (e.g. Pears and Fisher, 2005; Rees, 2013). A key variable identified in children's development of emotional competencies is attachment (Calkins & Hill, 2007), with unsupportive care giving found to negatively impacting on emotion regulation and understanding (Cassidy, 1994, Colle & Del Giudice, 2011; De Rosnay & Harris, 2002). Such regulatory difficulties (i.e. emotional, behavioural and physiological) are evident in increased rates of externalising problems observed in looked after children, such as hyperactivity, impulsivity, inattention, aggression, noncompliance and peer relationship problems (Clausen, et al., 1998; Heflinger, Simpkins & Combs-Orme, 2000; Simmel, Brooks, Barth & Hinshaw, 2001). Due to their adverse early life events, looked after children present with difficulties in understanding others' emotions and cognitions, in addition to making sense of how their emotions and behaviours impact on others (i.e. peers and carers). Consequently this lack of reflective capacity can impact on their ability to make and maintain secure relationships. It is therefore extremely important to aid looked after children to develop relational and regulatory skills, in order minimise the negative consequences of their difficult early lives and provide them with the best opportunities to overcome their early adversities.

Foster carers providing a home to children who may present with a myriad of difficulties are often faced with challenges, including the need to manage difficult behaviour. Given that children who experience multiple placements have been found to experience problems with attachment and bonding (Schwart, Ortega, Guo & Fishman, 1994) and that a stable and familiar placement have the potential to

facilitate bonds of attachment in looked after children (Jacobsen & Miller, 1999) it is paramount foster carers are supported to provide children with a long lasting secure base in which to have the experience of a secure relationship.

The development of effective interventions aimed at improving the quality of the relationship between foster carer and child could potentially protect against the long-term self-regulation difficulties seen in looked after children (Ironside, 2012; Bick & Dozier, 2013) and minimise placement disruptions. In order for interventions to be developed it is important to consider the foster care experience from both the child's and the carer's point of view. It is with this in mind that the current study sought to explore the experience of foster carers caring for children who present with difficult to manage behaviour in light of their attachment characteristics.

2.1. Thesis Aims

The primary aim of this research was to generate a grounded theory of foster carers' experience of difficult to manage behaviour. Secondly the research aimed to consider the influence foster carers' attachment characteristics had on their experience of challenging behaviour in the children they care for.

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3. JOURNAL ARTICLE [1] [2]

Title: ***"Above everything else, he was a wee boy who wanted to be claimed".*** **A grounded theory based exploration of Scottish female foster carers' experience of difficult to manage behaviour in light of their attachment characteristics.**

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[2] Numbering of titles is included for continuity with the thesis only

3.1. Abstract

Background: The role of foster carer is a complex and emotionally demanding one. In the presence of difficult behaviour the foster carer's task can feel particularly distressing at times. It is therefore important to find ways to support foster carers. The present study sought to explore the lived experience of foster carers caring for children who presented with difficult to manage behaviour, with consideration given to their attachment characteristics.

Aim: The primary aim of this study was to generate a grounded theory of foster carers' experience of caring for a child who presents with difficult to manage behaviour.

Method: The study adopted a qualitatively driven mixed methods design (QUAL+quan). Grounded theory (Glaser & Strauss, 1967) was used as the primary component. Eight female foster carers, with either past or present experience of caring for a child who they felt presented them with difficult to manage behaviour, were interviewed. Interviews were recorded and transcribed. Adult attachment data was gathered to elaborate and enhance the interpretation of the foster carers' narratives using The Relationship Scales Questionnaire (RSQ: Griffin & Bartholomew, 1994).

Results: A core category emerged from the grounded theory analysis, 'Making Sense', in addition to five main categories. The current paper reports on the psychological process that emerged from the categories generated from the foster carers' narratives and the consequent proposed ground theory. The overarching theme to emerge from the research was the influence foster carer's level of reflection and understanding of the behaviour (their mentalizing capacity) had on their experience of the child's difficult behaviour, which appeared to relate to their attachment characteristics in addition to a number of internal and external factors.

Conclusion: The findings confirm the complexity of the foster caring role, and cautiously suggests the positive impact foster carer's reflective stance can have on their experience of difficult behaviour in the child in their care. Clinical practice and research implications are discussed.

Keywords: Foster carers, looked after children, behavioural difficulties, reflective functioning, mentalizing capacity

3.2. Introduction

3.2.1. Looked after children

As of 2012 there were 16,248 children between the ages of 0 and 18 years in Scotland looked after by local authorities, with almost one third (32%) of those children living in foster care (The Scottish Government, 2013). Furthermore, since 2001 there has been a continuous annual increase in the number of Scottish children residing with foster carers or being looked after in other community placements (The Scottish Government, 2013).

The circumstances preceding a child being looked after will vary greatly. By the time the child is placed with foster carers they may have lived through a variety of adverse life events including physical, emotional and/or sexual abuse, neglect and exposure to violence (Vigg, Chinitz & Schulman, 2005). In addition to this, the removal from their birth families and placement with alternative carers can potentially exacerbate difficulties further, with the potential of multiple moves and other systemic issues adding to their complex and difficult life experiences. Ultimately this may impact on their developing self concepts, interpersonal relationship and attachments (Barber & Delfabbro, 2002). The affects of the child's early adverse life experiences can be far reaching and affect multiple areas of their future life (i.e. mental health, peer and romantic relationships, educational attainment and future parenting behaviour). Placement stability and continuity of care for looked after children have been strongly suggested to be protective factors against poor future outcomes (Dumaret, Coppel-Batsch & Couraud, 1997).

3.2.2. Foster care and attachment

Foster placements aim to provide children with much needed care and a positive experience of being part of a family. Factors determining the quality of foster care include quality training, careful matching between the child and the carer, financial provisions and ongoing and timely support (Caltabiano & Thorpe, 2007). An equally

important factor is the foster carers own attachment experiences, both in childhood and adulthood. Bowlby (1969, 1973, 1984) posited, with support from more recent research, that a caregiver's attachment behaviour is influenced greatly by their own 'internal working models' (IWM) of attachment, developed, in part, by their early family experiences (van Ijzendoorn, 1995; Zeanah, Gunnar, McCall, Kreppner & Fox, 2011).

Attachment theory (e.g., Bowlby, 1969) is a model explaining normative parent-child bonding resulting from an evolutionarily adaptive set of organized care-giving and care seeking strategies that are activated when the child experiences distress or threat to their safety in order to increase the infant's likelihood of survival (Ainsworth, 1989). In addition to protecting their child from threat, the attachment figure also becomes their "secure base" from which they may explore their world and provides a template for managing stress and insecurity (Bowlby, 1978). The nature of this bond between caregiver and child is based upon the level, sensitivity and consistency of care the child receives. Based on their experience of being with their attachment figure the child begins to establish patterns of behaviour leading to the development of IWMs (Bowlby, 1978) which they will use to aid their understanding of future relationships and events, and to guide social behaviour.

Research carried out by Ainsworth and colleagues (1978) added to attachment theory by developing the 'Strange Situation' in order to explore infants' attachment to their caregivers. From this research categorical terms for attachment were identified; 'secure', 'anxious/ambivalent' and 'anxious/avoidant'. Later a fourth attachment category was identified 'disorganised/disorientated' attachment (Main and Solomon, 1990). 'Anxious/ambivalent', 'anxious/avoidant' and 'disorganised/disorientated' attachment categories are considered to be 'insecure' attachment patterns resulting from the infants adaptation to their environment. Secure attachment in infancy is commonly considered to be protective and can exert a positive influence on later development, whereas insecure attachment is often considered to be a risk factor. For example, to be categorised as securely attached by the age of 2 has been linked to higher levels of sociability with other children and adults, greater compliance with

parents and greater levels of emotion regulation later in childhood (Ainsworth et al., 1978; Bretherton, 1985; Richters & Waters, 1991). To be categorised as insecurely attached by the age of two has been linked with lower sociability and are children who are more likely to experience difficulties developing relationships with peers (Carlson & Sroufe, 1995).

The looked after child carries with them, into their foster placement, their IWM and this affects how they perceive and react to new situations and relationships at a predominantly unconscious level (Hodges, Steele, Hillman, Henderson & Kaniuk, 2003). The child is likely to have developed strategies in order to attempt to get their needs met in response to previous adverse experiences with caregivers (Crittenden, 1995). Such strategies, that once played an important role in the child's defence against inadequate care, may be perceived by foster carers as challenging and difficult to understand.

An adult's interpretation and response to the needs of children has been found to be greatly dependent on their early experiences with caregivers and current attachment 'state of mind' (Berlin & Cassidy, 2001; Main, 1990). Adult attachment measures, such as the Adult Attachment Inventory (AAI: George, Kaplan & Main, 1984, 1985, 1996) have been developed to measure adult individuals' state of mind with respect to attachment. An adult's attachment state of mind describes the way in which adult's process thoughts and feelings associated with their own attachment experiences (Main & Goldwyn, 1998). According to the literature, secure parents (either developed from childhood or earned later in life through later supportive relationships) tend to possess coherent representations of attachment relationships, with a tendency to interpret and respond appropriately to the needs of the child they care for, representing a secure base. Adults with an insecure attachment style have been found to often respond in an insensitive way to the needs of the child they care for (Main, 1990; Main, Kaplan & Cassidy, 1985; Pearson, Cohn, Cowan & Cowan, 1994; van Ijzendoorn, 1995). Dozier and colleagues (2001) found that the attachment behaviours observed in fostered children closely correspond to the caregivers attachment state of mind (Dozier, Stoval, Albus & Bates, 2001). In spite

of the children's early experiences of disruptions in attachment relationships they demonstrated an ability to form secure attachments when cared for by adults with autonomous states of mind. The study emphasised the importance of placing children, who have experienced inadequate and/or disruptions in their care, with sensitive and nurturing care givers in order for them to have the best chance of developing trusting and secure relationships themselves (Dozier et al., 2001). In support of such findings state of mind has been demonstrated, through meta-analytic work, to predict parental sensitivity (Van Ijzendoorn, 1995) and that sensitivity in turn predicts infant attachment security (De Wolff & Van Ijzendoorn, 1997; Goldsmoth & Alansky, 1987).

3.2.3. Mentalization

In a study carried out by Fonagy and colleagues (Fonagy, Gergely, Jurist & Target, 2002) it was observed that a set of core capacities were present in those found to have a secure attachment state of mind, as measured by the AAI, but were distorted or missing in those found to have an insecure attachment state of mind. These capacities were collectively referred to as "mentalization". Mentalization is defined as, "*the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes"* (Bateman & Fonagy, 2010, p.11). Mentalizing is described as a process generally occurring naturally, without effort or consciousness, which moves the individual beyond observable actions toward understanding behaviours in terms of underlying mental states (own and others) and how they connect to feelings and behaviours (Fonagy, Gergely & Target, 2007; Fonagy et al., 2002; Fonagy et al., 1991). In short, mentalizing makes behaviours of self and others meaningful, predictable and explicable, enhancing, not only self-understanding, organisation and regulation, but increasing the probability that individuals will engage in productive, intimate and sustaining relationships, feeling connected to others while maintaining a sense of individuality (Fonagy et al., 2002)

Mentalization as a core focus of therapy was developed initially for use with individuals presenting with borderline personality disorder (Bateman & Fonagy, 2013). Research has also investigated mentalization in the treatment of trauma and depression (Allen, 2003; Fischer-Kern et al., 2013). The central components of mentalization have additionally been utilised to develop interventions with a number of other groups including, eating disorders, substance abuse and at risk mothers (Bateman & Fonagy, 2011), along with use in schools and with families (Asen & Fonagy, 2011; Fonagy et al., 2009; Reynolds, 2003; Shai & Belsky, 2011; Sharp & Fonagy, 2008). More recently, mentalizing concepts have been developed into training for foster carers to promote a reflective state of mind through experiential learning within a group setting (Ironside, 2012).

3.2.4. Placement instability and behaviour problems

A significant issue faced by looked after children is the high rate of placement instability and breakdown (Leathers, 2006; Farmer, Moyers & Lispcombe, 2001; Shaw, 1998). Research has found behaviour problems to be a robust predictor of placement failure (e.g. Oosterman et al., 2007). Studies have highlighted the unfavourable developmental outcomes associated with a child's experience of multiple moves between foster placements (Newton et al., 2000; Rubin et al., 2007; Zima et al., 2000). The findings from an 18 month longitudinal foster care cohort study carried out by Newton and colleagues (2000) suggest that externalised difficult behaviour was a significant predictor of placement change, frequent changes in foster care placement contributed to an increase in internalising and externalising problem behaviours and high numbers of placement changes negatively affected children who had initially scored within the normal ranges of the Child Behaviour Checklist (CBCL: Achenbach, 1991). The study concluded that behaviour problems were found to be both a cause and a consequence of placement instability and disruption. These results were supported further by a recent study carried out by Aarons and colleagues (2010) who stated that, *"Our analyses support the hypothesis that behaviour problems can affect placement changes and support the hypothesis that placement changes can lead to behavioural problems"* (Aarons, et al., 2010, p.76).

From their results they recommended that there is an increased focus on helping children to manage their behaviour, provide training to caregivers in order for them to respond more effectively to the difficult behaviour and the development of strategies as a way of increasing placement stability.

3.2.5. Attributional theory

When attempting to understand the impact, and experience, of children's difficult behaviour on foster carers it is necessary to consider the possible perspectives taken by carers relating to the potential underlying causes and motivations they attribute to the behaviour. Attribution theory seeks to explore the causal explanations generated by individuals to explain events or the behaviour of others (Heider, 1944; 1958; Kelley, 1967). Attribution theory has developed further leading to a shift in research focus from antecedents, or causes of events, to focusing on the consequences or outcomes of particular attributions. This form of attribution theory was developed by Bernard Weiner and known as attributional theory of motivation and emotion and suggests that the attributions individuals make about their own and others' behaviour produces specific emotional and behavioural responses (Weiner, 1985; 1986; 1995). In relation to the focus of the current study Weiner's attributional theory of motivation and emotion is of particular interest when attempting to explore foster carers' experience of difficult to manage behaviour in the children they care for.

A number of studies have investigated biological parents' perspectives related to the causes of their children's difficult behaviour through with particular consideration given to Weiner's attribution theory of motivation and emotion (1986). Research has found that parents' beliefs regarding the motivation behind their child's behaviour can mediate the parent's affect and subsequent behavioural response. Specifically, Smith and O'Leary (1998) found parents who made child-centred/dispositional attributions to explain their child's difficult behaviour showed significantly higher ratings of subjective anger and tended to react harshly when disciplining and parenting their child. Furthermore, parents have also been found to become more

upset about a behaviour when they have attributed it to the personality disposition of the child (Dix, Ruble, Grusec & Nixon, 1986).

3.3. Research Aims

The primary aim of this study was to generate a grounded theory of foster carers' experience of caring for a child who presents with difficult to manage behaviour. Secondly the research aimed to explore the potential impact the foster carers' attachment characteristics on their experience.

3.4. Methodology

3.4.1. Design

The current research adopted a qualitatively driven mixed methods design (QUAL+quan). A mixed methods design, with dominant status given to the qualitative paradigm, was selected to: a) allow for an inductive approach that focused on discovering the experience of foster carers looking after children who presented with difficult to manage behaviour and; b) allow measurement of foster carers' attachment patterns using a quantitative measure to elaborate and enhance the interpretation of the foster carers' narratives. The attachment information played an important role in categorising the themes and categories serving as an additional lens through which to consider participants level of reflection and description of the relationship with the child in their care.

Grounded Theory (GT: Glaser & Strauss, 1967) is the primary qualitative methodology employed in this study. GT was selected as it went beyond a

descriptive focus towards the development of theoretical interpretations of the collected individual experiences in order to develop an understanding of the world being studied (Charmaz, 2006; 2008; Payne, 2007).

3.4.2. Research ethics

NHS ethical approval was gained from the relevant Research Ethics Committee and NHS Research and Development department. Informed consent was sought directly from the participant via a participant consent form included in the participant information pack. Emphasised to the participant was their freedom to withdraw from the study at any time without any affect on the service they received.

Preserving the confidentiality and anonymity of participants was of paramount importance. All identifying information was removed or anonymised, and pseudonyms were used throughout the study.

3.4.3. Inclusion criteria

Participation in the study was made open to foster carers who currently or previously cared for a child aged between 4 and 18 years that they experienced as difficult to manage due to the behaviour they presented with. In addition, it was specified that potential participants were required to have provided a placement for the foster child for longer than 2 months to ensure that the child had had the opportunity to become familiar with, and settled in, their care arrangements. This criteria was based on research suggesting that attachments between young foster children and their new caregivers are well established after 2 months (Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004).

3.4.4. Recruitment

Foster carers were recruited via local social workers, clinical psychologists and therapists who had identified them as appropriate participants after consideration of their caseloads. Once identified, and interest to take part confirmed, a participant information pack was given to the potential participant by the professional they were in contact with. Individuals who wished to take part were requested to return one of the two consent forms enclosed in the pack (keeping one for their own records) along with their contact details in the pre-paid envelope provided. Once received the researcher contacted the foster carer to arrange a convenient time and location to carry out the semi-structured interview.

3.4.5. Participants

Eight foster carers volunteered and participated in the study. Their ages ranged from 33 to 64 years (mean age 50 years 1 month). Demographic information for each foster carer and the child they held in mind during the interview is presented in Table 3.1a and Table 3.1b. The sample consisted of 8 female foster carers ranging in age, relationship status, years of experience and time spent with the child they wished to share their experiences of.

Table 3.1a: Foster Carer Characteristics

Participant	Foster Carer's Pseudonym	Age	Relationship Status	Years Experience
1	Rachel	33	Single	>5 years
2	Donna	43	Married	>5 years
3	Cathy	57	Co-habiting	<5 years
4	Liz	61	Single	<5 years
5	Emily	43	Married	>5 years
6	Faith	50	Married	>5 years
7	Rose	50	Married	<5 years
8	Betty	64	Single	>5 years

Table 3.1b: Looked After Child Characteristics

Participant	Foster Carer's Pseudonym	Child's Pseudonym	Child's Age	Duration Caring for Child	Currently with Foster Carer
1	Rachel	Sam	7yrs	<2 years	No
2	Donna	Charlie	8yrs	>2 years	Yes
3	Cathy	Ella	10yrs	>2 years	Yes
4	Liz	Jack	11yrs	>2 years	Yes
5	Emily	Hannah	9yrs	<2 years	Yes**
6	Faith	Eva	7yrs	>2 years	Yes
7	Rose	Olivia	10yrs	<2 years	Yes
8	Betty	Zack	16yrs*	>2 years	No

*Zack was14yrs old when he left Betty's care
**at time of interview end of child's placement was being planned

3.4.6. Data collection

Qualitative data collection - Interviews

Each participant took part in an open-ended qualitative interview. The interview duration ranged from 38 minutes and 10 seconds, to 1 hour 52 minutes and 43 seconds (median = 1 hour, 20 minutes and 8 seconds). In line with GT procedure, a semi-structured interview was employed to facilitate in-depth discussion with participants. The small number of open-ended interview questions served as a framework allowing space for flexibility and the participants' freedom to direct the interview (Charmaz, 2006; Silverman, 2000).

The principles of theoretical sufficiency were adopted in the current research as it emphasised the researcher's openness to data emerging from the interviews, thus, categories were suggested by the data (Charmaz, 2006; 2008; Dey, 1999).

In adhering to the principles of theoretical sufficiency, latter interviews were refined based on emerging themes from preliminary coding and analysis of initial interviews, increasing the sensitivity of questions asked and allowing for focused exploration of themes. This sampling process continued until themes were deemed rich and robust

enough to allow for analytical hypotheses to be made, and no new themes emerged from the data.

Quantitative measures

Whilst primacy in this study was given to the qualitative data, immediately following interview participants completed two measures. The Relationship Scales Questionnaire (RSQ: Griffin & Bartholomew, 1994) was used to gather adult attachment data (Appendix 9.1). The RSQ is a thirty-item self-report questionnaire designed to assess an individual's pattern of attachment in adult relationships. Four prototypical attachment patterns (secure, fearful, preoccupied and dismissing) are defined in terms of two dimensions: positivity of a person's model of self and positivity of a person's model of others (Bartholomew, 1990; Bartholomew & Horowitz, 1991) (see Figure 3.1). The model recognises that most individuals will exhibit elements of more than one attachment pattern.

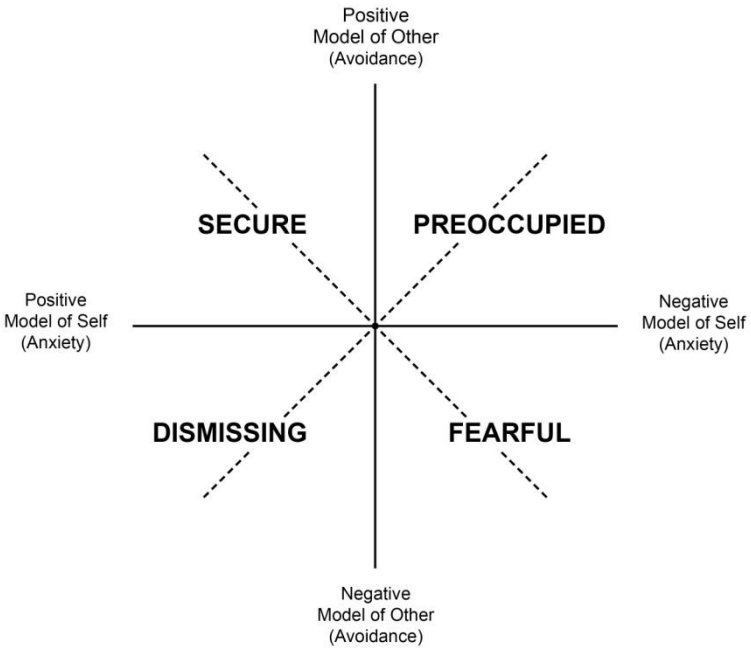

Figure 3.1: Two-dimensional four-category model of adult attachment. From Bartholomew and Shaver (1998) p. 31.

Dimensionally, Bartholomew's model of adult attachment indicates that individuals with a positive self model have internalised a sense of self-worth (opposed to feeling anxious and unsure of one's lovability). Therefore, the self model is related to an individual's level of anxiety and dependency on other's approval in close relationships. Individuals with a positive other model are identifiable due to their belief that others are generally available, supportive and trustworthy (opposed to viewing others as rejecting). Therefore, the other model relates to an individual's tendency to seek out or avoid closeness in relationships.

The RSQ though theoretically based on the intersection of two underlying dimensions (positivity of self and positivity of other) does not measure the two dimensions directly. Rather, ratings of the self and other dimensions are generated from linear combinations of the four prototype ratings (Griffin & Bartholomew, 1994).

The RSQ has been found to demonstrate convergent, discriminant and predictive validity (Ravitz, Maunder, Hunter, Sthankiya & Lancee, 2010). In the four subscales model, internal consistency was found to be acceptable to good for three of the four subscales with Cronbach's alpha scores ranging from 0.69 to 0.82, whereas the secure subscale the Cronbach's alpha score was found to be 0.50 (Ravitz, et al., 2010).

A self-report measure of adult attachment was selected for this study as a brief and convenient alternative to an interview assessment (i.e. AAI: George, et al., 1984, 1985, 1996). This was particularly significant due to the fact that foster carers were already being asked to participate in a qualitative interview which would be time consuming and, potentially, emotionally demanding enough. In addition the RSQ has demonstrated acceptable to good reliability and good validity.

In order to establish the presence and description of children's difficult behaviour foster carers were asked to complete the Assessment Checklist for Children (ACC: Tarren-Sweeney, 2007) (see Appendix 9.2). The results of the ACC are used as an

indicator of difficult behaviour only and have not been subject to any statistical consideration. Permission to use the measure was granted by the author. The ACC was designed as a carer-report psychiatric rating scale for epidemiological and clinical research with children in care, and can be used as a standalone measure. The ACC is a 120-item carer-report measuring behaviours, emotional states, traits and manners of relating to others, observable in cared for children. For some time adequate research tools to describe difficulties manifested by maltreated children has been limited (DeYoung, 2010). The ACC content was systematically developed in order to measure all clinically significant problems experienced by looked after children. Data collected thus far indicates the instrument has good content, construct and criterion-related validity (Tarren-Sweeney, 2007). Internal consistency was high, producing a Cronbach's alpha of 0.96 for the total clinical score and a range of 0.70 to 0.86 for the the clinical scales.

3.4.7. Data analysis

The constant comparative method, central to the GT approach, was utilised at each stage of analysis to facilitate the development of codes and categories and the relationship between them (Charmaz, 2006, 2008; Glaser & Strauss, 1967).

Initial coding, the first stage of data synthesis (Birks & Mills, 2011), took the form of 'line-by-line coding' (Charmaz, 2006, 2008). The researcher remained in the initial coding phase until it was felt that 'strong analytical direction' had been achieved (Charmaz, 2006). In line with Charmaz's (2006, 2008) recommendations, following the identification of some strong analytical directions from the line-by-line coding, focused codes were developed to synthesise and explain larger pieces of data. Theoretical coding was the final stage of analysis and served to move the analytic process in a theoretical direction (Charmaz, 2006, 2008) (Please refer to Chapter 4, Section 4.7 for further details of analysis).

The adult attachment data was integrated with the qualitative results in order to provide an additional framework for re-examining the inferences made in the

qualitative analysis, in order to further contextualise the results. In developing categories and subcategories, foster carers' categorical attachment scores from the RSQ were considered as an additional component of the analysis process adding to the level of interpretation. For example, in the category 'making sense', by additionally considering the foster carer's attachment style, as suggested by their RSQ rating, it was possible to consider how attachment experience played a part in their 'making sense' process. It also served to highlight how different attachment styles 'made sense' in different ways. As well as bringing another 'layer' of interpretation to the developing theory, examination of differences in scores on the quantitative attachment measure provided an additional framework when re-examining inferences made during analysis.

In order to maintain a connection to the analysis and increase the level of abstraction of the data the researcher utilised memo writing throughout the research process (Charmaz, 2006, 2008; Fassinger, 2005) (see Chapter 4, Section 4.7.3).

Following completion of the analysis a literature review was carried out to compare research evidence and positions with the current GT study. In doing so it was possible to further interpret the theory by considering how the current evidence base illuminated the current theoretical categories or, in some way, challenged them.

3.4.8. Ensuring rigour and quality

To ensure reliability and validity within this study the researcher adhered to the four principles proposed by Yardley (2000): sensitivity to context; commitment and rigour; transparency and coherence and; impact and importance (see Chapter 4, Section 4.3).

3.5. Results

3.5.1. Core and main categories

One core category and five main categories were generated from the current study. The core category, main categories and subcategories embody the foster carers' experiences as understood by the researcher. The core category ('Making Sense') and five main categories ('Personal Impact', 'What Helps', 'What Doesn't Help', 'Responding' and 'The Relationship') are depicted in Figure 3.2 (For further discussion please see further results chapter).

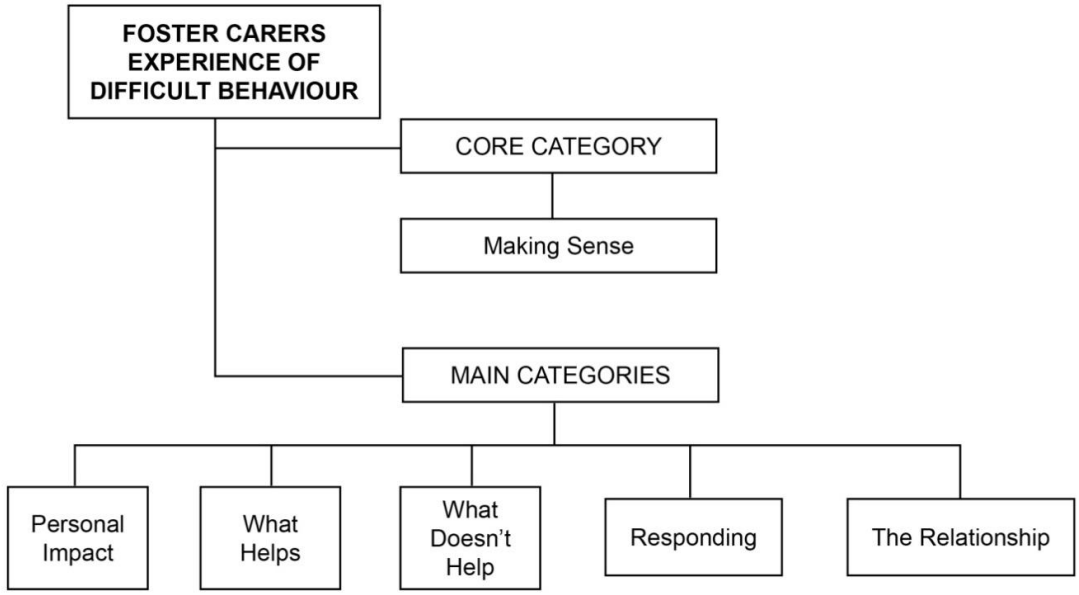

Figure 3.2: Overview of Core Category and 5 Main Categories

3.5.2. Attachment data

The RSQ attachment results are used as an indicator of participants underlying attachment patterns to aid interpretation. The RSQ scores generated serve only to describe the likely prototypical attachment pattern of the participants. Table 3.2 presents foster carers' scores generated by the RSQ.

Table 3.2: Relationship Scales Questionnaire mean categorical attachment scores

Participant	SECURE	FEARFUL	PREOCCUPIED	DISMISSING
1. Rachel	3.40	2.50	2.00	**4.00**
2. Donna	3.40	3.00	2.50	**3.60**
3. Cathy	**4.20**	1.50	2.00	3.20
4. Liz	**4.40**	3.00	2.25	3.40
5. Emily	**4.00**	2.25	3.00	2.80
6. Faith	2.60	**4.00**	2.50	3.80
7. Rose	**4.00**	2.75	2.75	3.40
8. Betty	**3.40**	1.00	3.00	2.40

(n.b. bold scores denotes the highest score dimension for each participant)

3.5.3. Grounded theory

Space does not permit full examination of the core and main categories (Please see Chapter 5 and Appendix 12). Instead, this paper will focus on the psychological process that emerged from the categories generated from the foster carers' narratives. The model in Figure 3.3 represents a proposed grounded theory representing foster carer's experience of difficult to manage behaviour in light of their attachment experience. It serves to illustrate the connections between some of the key ideas, content and processes that emerged from the interviews, and highlights the process that potentially plays a role in foster carer's experience of difficult to manage behaviour. Excerpts of the foster carer's own words have been included to elucidate how the model was arrived at. Noteworthy is the researchers position, that is, the proposed model is representative of the researcher's interpretations of foster carers' narratives in relation to their experiences of caring for a child who was, at times, difficult to manage. The emergent model is therefore tentative and requires further research.

The trigger of the foster carer's experience is the child's behaviour, perceived by the foster carer as challenging or difficult in some way [1]. The following quotes from Cathy, Betty, Rose and Rachel illustrate their difficult experiences:

> Cathy: *"Em, I think it's been quite traumatic.* (...) *I started and had a lot of experience of working with traumatised children but, em, having one in your home 24/7 is a different experience".*
>
> Betty: *"But it was very, very hard at times.* (...) *you wonder how far sometimes it would just go. You know, how far the manipulation would go".*
>
> Rose: *"She did this before, things like pulling her nails, toenails off and picking around the edges of her fingers* (...) *I feel quite upset about it because I don't want her to harm herself".*
>
> Rachel: *"The biggest aspects that I found difficult to manage with Sam were, eh, he for six years old, and eventually seven years old, his language was very, very abusive and demeaning".*

It is suggested the foster carer's experience of the child's difficult behaviour is influenced by the foster carer's attachment style [2] which, it is hypothesised, influences the foster carer's level of reflection regarding the behaviour and their subsequent level of understanding [3] (i.e. thoughtful of the child's past, the child's present circumstance and their own past experiences). The following extracts from Donna, Cathy and Rachel elucidate this reflective, making sense component of the process:

> Donna: *"... Charlie's dad used to tell him he was coming in one, two and three* [okay] *and so any chasing game that Charlie is involved in normally has disastrous end effects, (...) I think if you are looking after children* (...) *you have to be quite mindful of, of what they are actually carrying with them".*
>
> Cathy: *"... it was a coping mechanism for Ella, it was a sort of survival thing for her that if she was in control of things she felt a bit safer* [okay] (...) *and I think that's why it comes out again when she's stressed it's her way of trying to cope".*
>
> Rachel: *"It was a case of, he's displaying all these behaviours because he's hurting and because he's in an unsettling time in his life".*

Thus, it is suggested that consideration of the foster carer's attachment characteristics can act as a framework to aid explanation of the different levels of reflection and understanding expressed by foster carers regarding the difficult behaviour the child

in their care presents with. For example, it is hypothesised that when confronted with a difficult to manage behaviour a foster carer represented primarily by the dismissing attachment style, may attempt to ignore or minimise the affect the behaviour is having on them and potentially avoid approaching others for support to improve the situation. Therefore, the foster carer's attachment style impacts on their level of reflection, their use of coping strategies (i.e. seeking support) and their level of focus on attempting to make sense of the child's behaviour.

Additionally contributing to the foster carer's level of reflection and understanding are additional internal and external influences [4]. It is suggested that internal influences can include the personal impact of the behaviour experienced by the foster carer (i.e. feeling distressed, targeted or intentionally 'manipulated'); the foster carer's past experiences (i.e. the level to which the behaviour 'taps' in to an experience in the foster carer's history, consciously or unconsciously, adding to their ability to empathise or, in some cases, possibly contributing to a negative interpretation of the behaviour), and; the foster carer's general emotional state (i.e. stress levels, exhaustion).

For example, both Cathy and Faith described their experience of the personal impact of the behaviour:

> Cathy: *"Oh I found it really quite difficult, em, as an adult to have an 8 year old, as she was then, trying to manipulate you and control you".*
>
> Faith: *"... it was about her punishing me again* (...) *she would just stand there and go like that* [demonstrates pulling her hair] *and watch you in the eye to see your reaction* (...) *I think she was looking for my reaction,* (...) *and the hurt, she was wanting to hurt me".*

The following are examples of foster carer's describing the influence of their past experiences on their experience with the child in their care:

> Cathy: *"I have a lot of empathy for her* (...) *I do have an understanding of, you know, being scared".*
>
> Betty: *"The fact that I was battered by my father? Yes?* [laughs] (...) *it did help me to understand what it was like to have the fear of someone, because it is real fear".*

Both Emily and Cathy provide examples of the influence emotional state has on experience:

> Emily: *"It's, it's being vigilant 24/7. It's exhausting because there's never a break from it".*
>
> Cathy: *"... her sexualised behaviour so we had to supervise them constantly. They weren't allowed to be left on their own together* [Mm hmm] *and things like that so just the time you know and the intensity of what you're doing on a daily basis ... was exhausting".*

External influences can include: foster carers' access to and knowledge of the child's history; help and support being accessed (i.e. a source of knowledge, positive reinforcement or a space to 'offload') and; the impact the behaviour has on other family members (i.e. affecting the foster carer's objectivity).

Rose, Rachel, Donna and Cathy described the influence of support on their experience:

> Rose: *"I'm lucky, I've got people I can speak to who know Olivia, who have worked with her for quite a while, um, who can support me in how I'm feeling and how I treat things".*
>
> Rachel: *"... sometimes all you need is someone there to say you did well in that situation, or 'yeah that was good but maybe try this next time' and just to to have some sort of feedback instead of sitting there thinking 'did I do the right thing?'".*
>
> Donna: *"... we have a very, very good link worker, em, that we can kind of go to* (...) *I can phone her and I can say 'yeah, I've had a really, really crap day today' and you know, I know it isn't going to be taken out of context".*
>
> Cathy: *"I think it's just so important to have someone or somewhere to go to to offload things and just, you know to give you that space, sort of nonjudgmental space".*

Emily and Betty's described their experiences being influenced by family:

> Emily: *"I dinny think I realised the effect it would have on* [name of daughter] *definitely".*
> LF: Mm hmm. In what way?
> *Her behaviour* (...) *she's always fighting for her place".*
>
> Betty: *"... it does tell on the family, it does tell on my grandchildren. I know that, because they have seen more in their wee lives than a lot of people have seen in all their lives".*

The foster carer's process of reflection and understanding influences the foster carer's experience of the difficult to manage behaviour [5]. For example:

> Rachel: *"above everything else he was a wee boy who wanted to be claimed and he was a really lovable wee boy regardless of all the negative behaviours".*

All of the foster carers in this study described the personal impact they experienced as a consequence of the difficult behaviour they had to manage, but ultimately that experience was guided by how they made sense of the behaviour. It was not unusual for the foster carers to describe the distress they experienced due to the behaviour, but what made the experience bearable was their level of reflection and understanding of it. For instance, their ability to understand the behaviour as, for example, a manifestation of the child's own pain caused by the difficult past that had led to their need to be looked after:

> Rose: *"We'd go in to her room and we'd find the bandages and sticking plasters* (...) *and she would insist that I bandaged up her hand before she went to bed.* (...) *With some help from, you know* [name of therapist] (...) *it was the pain inside it was an external manifestation of, of the hurt because she didn't have the words and the understanding but she knew she was hurting and she had to try and make sure that everybody knew she was hurting".*

The foster carer's experience in turn impacts upon the developing relationship [6] for good or bad. The relationship which has developed between the child and the foster carer forms a cycle, whereby the relationship can act as an additional influence feeding back into the foster carer's reflective making sense process [3]. For example:

> Rose: *"There is so much more to Olivia than her always having a sore finger, a sore eye, a sore toe. She is, she is a beautiful singer* (...) *she's got so many gifts...".*

The foster carer's response to the behaviour [7] is influenced by: the behaviour itself; the foster carer's attachment style; the foster carer's level of reflection and understanding; the foster carer's experience of the behaviour and; the foster carer/child relationship. If the relationship is positive and secure, the foster carer's experience of the behaviour is likely to be endurable, at least in part, due to their

ability to reflect and make sense of it and receive the supports they require. Consequently, it will be more likely the foster carer's response will be to continue caring for the child, to re-educate them where necessary and to provide them with the experience of being part of a family. For example:

> Faith: *"Yes, she is part of the family and that's never ever going to change (...) it doesn't matter what she does 'cause I know she's going to be a pain when she's a teenager,* (...) *I'll never give up on her it doesn't matter what she does, I says, I'll never give up on her".*
>
> Rose: "*There was another day just recently as well and Olivia she'd had quite a hard day and* (...) *that night she came and said 'thank you mummy for that',* (...) *and I said 'thank you for what?' and she said 'just thank you for you and me'".*
>
> Cathy: *"I'm happy that she feels that she's got a mum and a dad now, and it's obviously really important to her"*
>
> Liz: *"The three of us are a family".*

Ultimately, the child will have the opportunity to experience a secure placement and a positive attachment. As Rose succinctly described:

> Rose: *"... she trusts us enough to have the hissy fit's, as we call them, em, and know that we still love her and care for her and that she's not going anywhere".*

If, however, the relationship has not developed into a positive and secure one, and the foster carer has found it difficult to reflect on and make sense of the behaviour which has added to a negative experience, then the worst case scenario possible is that the behaviour is not an experience the foster carer can endure, for example:

> Emily: *"I think that's how I'm burnt out because I wait too long to say 'och I canny keep this up' cause I dinnae want to give up on anybody* (...) *and I know that they're damaged by moves so why would I encourage more moves unless I really, really, really have to? But nowadays I remember that I have to think about my family as well and if it's damaging my family...".*

Therefore, there is an increased risk that the response to the behaviour will be a breakdown in the child's current placement.

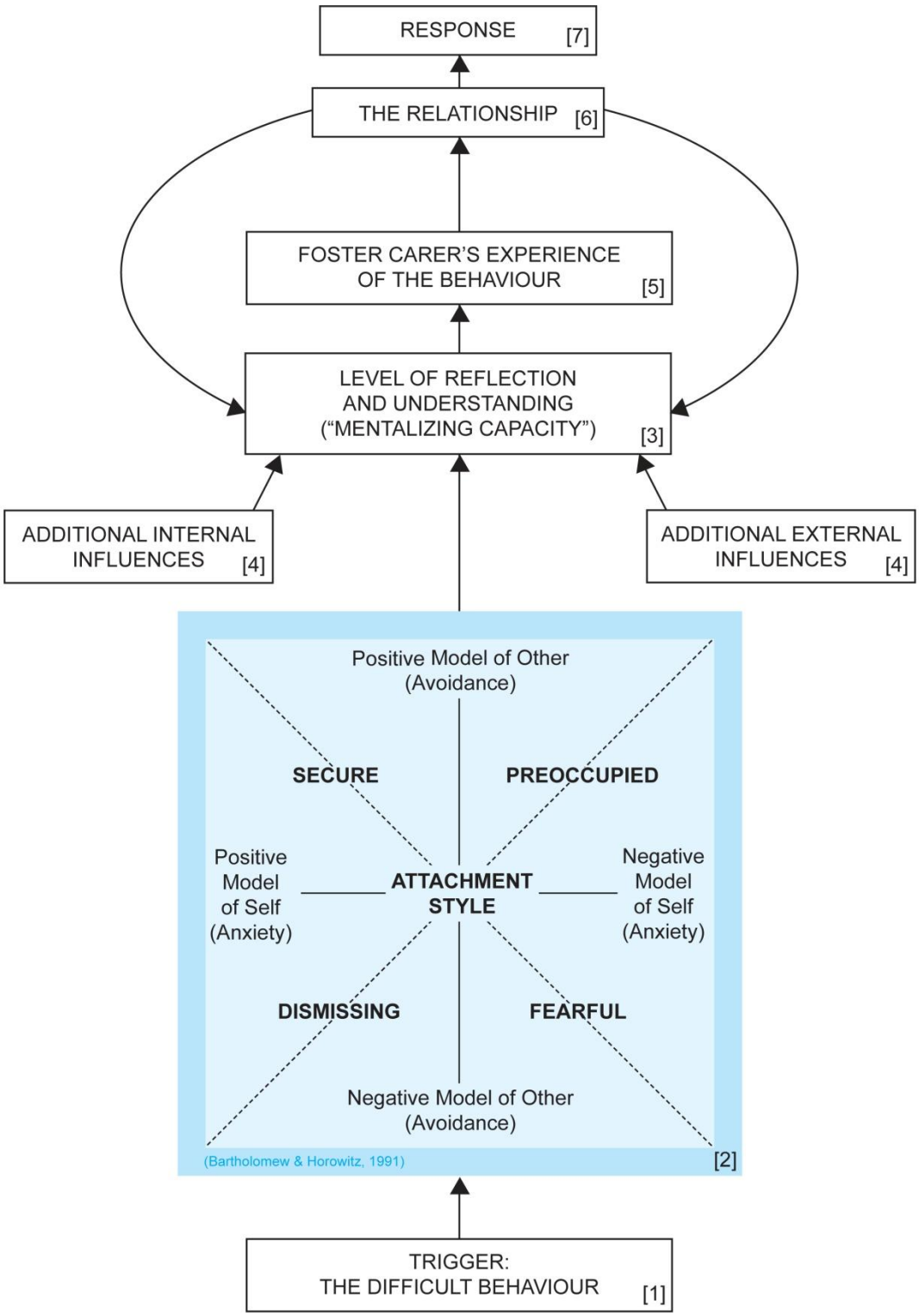

Figure 3.3: A grounded theory of foster carers' experience of difficult to manage behaviour

3.6. Preliminary Hypotheses

The findings from this study suggest that foster carers' experience of difficult to manage behaviour, in the children they care for, is influenced by their level of reflection and understanding (their mentalizing capacity), which relates to their attachment style. Foster carers' reflective capacity and ability to understand the child's behaviour was found to be additionally influenced by a number of internal and external factors including: knowledge of the child's past, the child's present situation, their own past experiences; the personal impact of the behaviour; the familial impact of the behaviour and; the supports received. It is further hypothesised that the quality of the experience impacts upon the foster carer/child relationship and their subsequent response and management of the difficult behaviour.

The proposed model and hypothesis provide a rationale for why there is variation in foster carers reported experience of challenging behaviour and their capacity to endure the behaviour and minimise the potential for a breakdown in the child's placement.

3.7. Discussion

3.7.1. Integration of findings with extant literature

Arguably the most consistent theme to emerge from foster carer's narratives was the influence their level of reflection and understanding of the child's behaviour had on their experience of managing the difficult behaviour. The impact of the appraisal of the meaning behind the behaviour (i.e. motivation and intent) was described in foster carers' narratives to have a significant impact on their experiences and particularly their management of distress, e.g. "*A lot of his behaviour came from the fact that he wanted claimed"; "... it was a sort of survival thing for her";* "*... it was an external*

manifestation of, of the hurt". These findings are in keeping with current literature emphasising foster carers sense of wanting to understand the children they are caring for (Oke, Rostill-Brookes & Larkin, 2013) and the stress regulating impact taking a reflective stance has on their experience (Fonagy & Target, 2002). Participants acknowledged this affect and highlighted the importance of being helped to be more reflective in order to regulate their stress levels, e.g. *"... after he explained it, it made me feel a wee bit more relaxed"*. Sometimes, however, the direction of the appraisal increased the level of foster carers' distress (Maunder & Hunter, 2012), e.g. "*... it feels personal, believe me! And that was one of the hardest things to deal with".*

Through consultation of research evidence, and theoretical positions of scholars and researchers, it became apparent that an individual's capacity to take a reflective stance and make sense of others, and themselves, as described by the foster carers in this study, has been encapsulated within the concept of "mentalization". Mentalization is the collective term used to describe the capacity to envision one's own and other's mental states, and to make sense of one's own and other's behaviour in relation to underlying mental states and intentions (Fonagy, et al., 2002). Mentalization has been operationalised as an individual's capacity for reflective functioning (Fonagy, Steele & Steele, 1991; Markin, 2013). Research suggests that mothers with higher reflective functioning have a greater propensity to be securely attached, in addition to, mothers' neonatal reflective functioning being a greater predictor, than their adult attachment classification, of their child's security at one years old (Fonagy, et al., 1991; Slade, 2005; Slade et al, 2005).

Seven of the eight foster carers participating in the current research were found to be best represented by the secure attachment style, either as their primary or secondary highest attachment rating according to their RSQ result. The core category to emerge from foster carer's narratives was that of making sense, which involved taking a reflective stance and attempting to understand the child's difficult behaviour. It is hypothesised that foster care's attachment style impacts on their level of reflective capacity and understanding, essentially, their capacity to mentalize, which goes on to impact upon their described experience. This finding supports the

literature recognising that one's capacity to mentalize is closely related to a secure attachment (Allen, 2003; Fonagy, et al., 1991; Grienenberger, Kelly & Slade, 2005).

In the current study, foster carer's narratives varied in terms of the level to which they described mentalizing. To attempt to understand this variation attachment data, generated by their RSQ results, was considered. For example, according to the RSQ Betty's primary and secondary attachment styles were secure and preoccupied, respectively. Betty seemed to minimise some difficult behaviour (*"lots of kids like to set fire"*) and at times expressed quite negative inferences regarding Zack in relation to his behaviour (*"just destructive"*). A great deal of Betty's narrative was positive towards Zack, indicative of her highest ranking attachment category, secure ("*there's such a lovely side to him, he's such a wonderful boy, kind, feeling laddie em, and not everybody got to see that").* The contradictions and negative inferences in Betty's described experiences may be reflective of her secondary preoccupied attachment style, which, along with a tendency to be inconsistent and contradictory in their description of close relationships (Maunder & Hunter, 2012), has been displayed in mothers as inconsistently helpful or supportive and displaying inconsistent affect (Adam, Gunnar & Tanaka, 2004; Crowell & Feldman, 1988). This is in addition to preoccupied mothers displaying less sensitivity than secure mothers (Das Eiden, Teti & Corns, 1995).

An additional factor impacting of foster carers' mentalizing capacity is the distress experienced when considering the child's abusive and traumatic history echoed in the behaviours (i.e. sexualised behaviour), e.g. *"I mean you have to keep reminding yourself but it's very difficult because* (...) *you dinnae want tae believe these kind of things have happened to her".* Research indicates that mentalizing capacity is significantly reduced in the context of intense emotional arousal (Allen, 2003; Fonagy & Luyten, 2009), which was present in foster carers' narratives. Although there is a lack of research regarding the impact on substitute caregivers of caring for sexually abused and abused children, (Farmer 2004; Farmer & Pollack 1998, 2003; Green & Masson, 2002), studies have highlighted the significant levels of stress, anxiety and distress experienced by foster carers in relation to the behaviours

associated with the child's traumatic history (e.g. Farmer & Pollack, 1998; Wilson, Sinclair & Gibbs, 2000). The impact of caring for traumatised children on foster carers, and their difficulty connecting with the child's trauma, has been referred to in the literature as 'secondary traumatic stress' and 'compassion fatigue' (e.g. Cairns, 2006).

The looked after children cared for by the participating foster carers presented with difficult to manage behaviour (all foster carer's scored their child within or above the 82nd percentile on the ACC, see Appendix 13). The behaviour described within the foster carers' narratives included: harming themselves, harming others (particularly the main foster carer), sexualised behaviour and damaging property (their own and the foster carers). Within the current sample, one placement had ended and another was in the process of ending due to the foster carers no longer feeling able to manage the young person's difficult behaviour. This finding has clear links with literature suggesting that behaviour problems are a predictive factor for placement disruption in looked after children (James, Landsverk & Slymen, 2004; Lindhiem & Dozier, 2007; Newton, Litrownik & Landsverk, 2000; Pardeck, 1983). Additionally, as was described here (*"I dinny think I realised the effect it would have on* [name of daughter] (...) *she's always fighting for her place")* the impact of the looked after child's behaviour on biological children can also play a part in placement breakdown (Swann, 2002; Twigg, 1995) (see Appendix 12.2: Impact on family).

Attachment data for the two foster carers whose placements had broken down, Betty and Emily, was consulted in order to attempt to shed some light on their difficult experiences. Both Betty and Emily's RSQ results indicated that they were best represented by the secure attachment style followed by the preoccupied attachment style. A particular characteristic of a preoccupied pattern of attachment that may tie in with this finding is the tendency for the individual to feel lacking in resilience and capability (Maunder & Hunter, 2012; Meredith, Strong & Feeney, 2006; Mikulincer, 1998) along with limited capacity to self soothe (George & West, 2012). In addition to this, the need for support tends to be greater than others' capacity to provide it (Maunder & Hunter, 2012), with relationships being either temporarily effective

(Campbell, Simpson, Boldry & Kashy, 2005) or somewhat ineffective in reducing stress (George & West, 2001). In sum, individuals represented by the preoccupied prototype tend to evaluate support as insufficient (Mikulincer & Shaver, 2007). It is therefore tentatively suggested that the foster carers in this study who ended their placements due to the child's behaviour did not feel resilient enough or supported enough to continue and this could possibly have been influenced, at least to some extent, by their attachment characteristics. Whilst acknowledging the limited sample in this study may not be reflective of the population, it could, nevertheless, suggest that a preoccupied attachment style could be a predictive factor for placement instability due to its potential influence on foster carers' capacity to manage difficult behaviour, demonstrate mentalizing competence and seek support. However this tentative hypothesis requires validation through further research.

All eight foster carers described seeking support from others in order to manage difficult behaviour, indicative of the secure pattern of attachment generated by the majority of foster carers in this study (Allen, Stein, Fonagy, Fultz, & Target, 2005; Florian, Mikulincer & Bucholtz, 1995; George & West, 2001; Mikulincer & Florian, 1997; Mikulincer & Shaver, 2007). Within the literature, foster carers feeling under supported has been identified as a reason for an increased risk in placement breakdown (Chipungu & Everett, 1994; Mathiesen, Jarmon & Clarke, 2001; Rich, 1996) and was similarly highlighted in the current study as a difficulty experienced by the foster carers.

Consistently, foster carers described the personal impact of the child's behaviour using terms such as: *"... traumatic"; "... feeling completely stressed out"; "... it's exhausting because there's never a break from it"; "the intensity of what you're doing on a daily basis ... was exhausting"; "... it shocks me".* In addition to some foster carers' narratives containing indications of hopelessness and self blame in relation to the child's behaviour*: "... nothing's working"; "Like* [I'm] *a failure".* These findings are in keeping with current literature which states that challenging behaviours are a powerful source of stress in parents (Hastings & Brown, 2002; Paczkowski & Baker 2007; Scheel & Rieckmann, 1998). In a study specifically

focusing on foster carers, Morgan and Baron (2011) explored the relationship between their levels of stress, anxiety and depression and the behaviour difficulties of the children in their care. They found that a significant proportion of the foster carers participating in their study were experiencing borderline or clinical levels of parenting stress (54 per cent), which was significantly associated with the levels of challenging behaviour in the children they cared for. This result is in line with the narratives of the foster carers in the current study who described experiencing stress in relation to the difficult behaviour the child in their care presented with.

In the current study a particular trigger for foster carers' distress was the sense that they were the target of the behaviour, e.g. *"... trying to break me down"*; *"... trying to manipulate you and control you".* Some foster carer's narratives indicated a reflective stance whereby they described the behaviour as feeling personal but without intent, e.g. "*... although it's not a personal thing,* (...) *it feels personal, believe me!".* Research concerning Weiner's attributional theory of motivation and emotion (1986) has found that parents' beliefs regarding the motivation behind their child's behaviour can mediate the parent's affect and subsequent behavioural response. Parents making child-centred/dispositional attributions to explain their child's difficult behaviour have been found to give significantly higher ratings of subjective anger and describe a harsher discipline and parenting style (Smith and O'Leary, 1998). Parents have also described feeling more upset about a behaviour when they attributed it to the personality disposition of the child (Dix, et al., 1986). Such findings were echoed in the narratives of a couple of the foster carers in this study, however, predominantly the foster carers made sense of the child's behaviour as a manifestation of their difficult early experiences and did not relate it to internal factors such as the child's temperament. This current finding is in support of Taylor, Swann and Warren's (2008) study that also reported foster carers tending to attribute the cause of the children's difficult behaviour solely to external, situational factors and not to internal factors such as personality.

The majority of foster carers in this study described attributing the child's behaviour to their past difficult experiences. This reflective position allowed them to better

cope with the behaviour and added to the development of a positive, secure relationship with the child. This finding is in line with Weiner's attribution theory of motivation and emotion (1986), in that it appears how foster carers understand the cause of the child's behaviour impacts on their emotional response to the child.

In spite of the difficult behaviours all eight foster carers emphasised their strong, positive emotions toward the child e.g. "*he was a really lovable wee boy regardless of all the negative behaviours";* "*... there was just something special about him",* and how this connected to their relationship with the child, e.g. "*we've got a very, very strong, em, relationship"; "the three of us are a family"; "there's always one child that gets under your skin* [she's] *my one".* The perception of their relationship to the child was found to determine foster carers' perception of their role, e.g. *"I'm there to provide the love and the care and the nurturing that she's been denied".* Such findings, emphasising the relationship, has been echoed in the literature which further asserts that foster carers' commitment and sensitivity to the children in their care are key determinants of the child's potential to achieve an optimal outcome (Riggs, Delfabbro & Augoustinos, 2009; Sinclair & Wilson, 2003; Sinclair, Wilson & Gibbs, 2005). The sense of connection to the child described here has been identified in the literature (Oke et al., 2013) as something that is rather 'mysterious' in that it is difficult to pin down with a definition. It does, however, seem to appear that the child 'taps' in to some part of the foster carer, possibly their attachment history, in such a significant way that it makes it difficult for the foster carer to disengage from the child, which positively increased the level of commitment between the carer and the child.

A recent qualitative study carried out by Blythe and colleagues (Blythe, Halcomb, Wilkes & Jackson, 2013) found that long term foster carers identified themselves as having a 'parental' relationship with the children in their care which was similarly described in the current foster carers narratives. The foster carer's descriptions emphasised the importance of parenting, or re-parenting, the child in their care by providing them with a new way of life, the experience of a safe and secure parental

relationship and re-educating the child regarding appropriate behaviour (for more details on the main category 'Response' please see Appendix 12.3).

3.7.2. The influence of attachment theory on the ground theory model

Consistent with Blumer's (1969) description of 'sensitising concepts', the author began this study with a set of general concepts. Specifically, an awareness of attachment theory as a psychological model that serves to elucidate the dynamics of interpersonal relationships (Bowlby, 1969) already existed alongside the development of the author's research question. The study aimed to explore the experience of foster carers caring for children who presented with difficult to manage behaviour, with the concept of attachment as a 'point of departure' (Charmaz, 2008) aiding the formation of a focus for research and analytic thinking of the data. The attachment framework served as a point of departure for developing ideas, not a limitation to them. The impact of attachment on foster carers' experiences was considered through the successive stages of analysis and study of the data, while maintaining a critical position in order to minimise bias in data interpretation. A reflexive stance also served to minimise potential biases and maintain the authors open position to new views arising during the grounded theory research.

In contrast to the logico-deductive model of traditional research, where it is necessary to operationise the already established concept as accurately as possible, the author aimed to develop their sensitising concepts in relation to the processes defined in the foster carer data. Thus, consideration was given to evaluating the fit between the author's initial point of departure (attachment theory) and the emerging data generated by the foster carers during interview. The author did not aim to force attachment theory directly on to the data but considered it as a relevant framework when re-examining the data as a source of making sense of the foster carers described experiences and add further context to the results.

As the qualitative data seemed to suggest foster carers' attachment characteristics as influential over their level of reflection in relation to making sense of the child's

behaviour it was considered a significant part of the developing grounded theory model. Therefore, attachment style was represented in the model as influential on foster carers' experience of difficult to manage behaviour impacting on their level of reflection and understanding of the child's behaviour, and consequently influencing the developing child/foster carer relationship and responses (illustrated in Figure 3.3).

3.7.3. Clinical implications

In light of the current research findings, it is suggested that foster carers caring for a child who presents with difficult to manage behaviour may be supported to do so through consideration of their attachment style and their associated level of mentalizing capacity. That is, supports can be designed to facilitate the further development of foster carers' reflective skills, in order to provide them with an additional coping technique. Furthermore, their mentalizing capacity can also be used to regulate the child's affect and facilitate the development of the child's mentalizing capacity within a securely attached relationship. Essentially the foster carer can be an integral part of an early intervention approach.

The role of the foster carer is challenging, and this was particularly true of those participating in this study due to the child's significant behavioural, emotional and relational difficulties as a result of their difficult early years. It is essential foster carers feel supported to continue in their complex, but integral role, as it is often within the secure relationship with their caregiver, who is sensitive and responsive, the child can begin to overcome their difficulties. Knowing difficult behaviour increases the risk of placement breakdown it is essential to develop protective approaches to minimise this risk. Interventions promoting foster carers sensitivity and responsiveness are necessary in supporting them to make sense of the underlying communication of the child's challenging behaviour.

Interventions and training focusing on developing foster carers' metalizing capacity could prove beneficial both for the foster carer and the child in their care (Ironside,

2012). Sadler and colleagues (2013) recently published the first wave of outcomes for the pilot phase of their randomised control longitudinal trial of a mentalization-based intervention for infants and their families called "Minding the Baby" (MTB). Their aim was to evaluate the difference between families receiving the MTB intensive home visiting program (delivered by a multidisciplinary team) and a comparison group, receiving usual care, over a 27 month period. The results generated suggest that the MTB intervention has a positive effect on both health and attachment/parenting outcomes. Intervention infants were more likely to be securely attached and less likely to present with a disorganised attachment style in comparison to infants in the control group, suggesting that mothers receiving the MTB intervention were more sensitive and responsive to their infants' needs. Additionally, it was found that the most high-risk mothers demonstrated an improved capacity to reflect on their own and their child's experience over the course of the mentalization-based intervention.

Suchman and colleagues (2011) conducted a randomised pilot study focused on evaluating the preliminary efficacy of the Mothers and Toddlers Program (MTP), a 12 week attachment-based individual psychotherapy parenting intervention for mothers being treated for substance misuse caring for children between birth and three years old. Central to the MPT was modelling a mentalizing stance towards the mother and demonstrating mentalizing or "speak for the child" in the mother's presence. 47 mothers were randomised to MTP versus a parent education program (PE). At post treatment parents, who had received MTP, demonstrated better reflective functioning (Parent Development Interview: Slade et al., 2002) suggesting higher levels of mentalization; were considered more sensitive and responsive to the cues of their child and; their child more responsive to them, compared to control group results. Suchman et al. (2011) concluded that preliminary findings suggest that attachment based interventions, with a strong mentalization component, may be more effective at enhancing the mother/child relationship when compared to more traditional parent training.

Specific to foster carers, Ironside (2012) developed an experiential group training aimed at promoting the mentalizing capacity of carers' in order to support them to maintain the child's placement where appropriate. The training took the form of an eight week, two hour weekly group open to six carers. The training drew upon principles of psychoanalytic thinking and infant observation (Miller, Rustin, Rustin & Shuttleworth, 1989) and aimed to maintain and develop the foster carers mentalizing capacity, that is, the reflective space in their minds through an experiential group learning experience. Ironside (2012) reported very positive initial findings, stating that, *"structured focus on observational skills and using the group as a medium for experiential learning have been found by participants to assist their mentalizing of interactions with their foster children"* (Ironside, 2012, p. 41). Furthermore, Ironside (2012) went on to emphasise, through a case example, a child in turn experiencing a 'meeting of minds' in their foster placement.

Such findings regarding mentalization based interventions, and evidence regarding the link between maternal reflective functioning to the intergenerational transmission of attachment and the development of a secure child/parent attachment (Fonagy et al., 1995; Slade et al., 2005), are positive indicators suggesting the potential benefits to carers (Ironside, 2012). Research focused on mentalizing interventions designed specifically for foster carers is limited and warrants further development and investigation.

Additional implications to emerge from the study include the importance of foster carer's access to supervision, as without it the risk of placement breakdown is increased (Mathiesen et al., 2001; Nissim, 1996). In terms of support, foster carer's in this study highlighted the benefits they experienced from peer support, which included having a non-judgemental confidential space to 'offload'. It is therefore suggested that encouraging peer support through mentoring (e.g. allocating experienced foster carers as mentors to newly recruited foster carers) could be beneficial in increasing the foster carers sense of containment, normalisation of their experiences, being part of a collective and consequently the psychological strength to continue caring for the child(ren) in their care.

Finally, given the connection between foster carers' reflective capacity and their attachment characteristics it may be particularly beneficial for the looked after system to emphasise consideration of the attachment of both the foster carer and the child during the 'match-up' process. This would be particularly important when the child's behaviour is a reflection of their traumatic history, as there is a particular need for the foster carer to look beyond the behaviour and be psychologically supported to do this.

3.7.4. Study limitations

Due to a number of constraints, primarily time and resource related, there are limitations to the current study. It was not possible, due to the aforementioned reasons, to fully realise theoretical sampling and saturation. Consequently, it is possible that had further interviews been carried out further categories, and/or refinement of existing categories and subcategories, may have emerged.

The sampling method employed may have introduced bias to the study, as participants who did not volunteer may have differed in significant characteristics from those who were willing to take part (e.g. insecure attachment characteristics and/or higher levels of stress relating to challenging behaviour). Although a sample size of between 8 and 10 participants is common in GT studies, a more substantial sample size may have enhanced the research. Nevertheless, the research aimed to develop initial hypotheses in order to contribute to developing theory and further research is necessary.

A third limitation relates to the measures used in this study. The use of the RSQ as a measure of attachment characteristics could be considered a limitation due to the fact that it is a self-report measure, open to reporting bias (i.e. social desirability bias). It is also a descriptive measure that captures only the individuals' conscious awareness of attachment cognitions and behaviour. It is possible therefore, that the RSQ may not accurately represent the attachment styles of the participants in this study. The

use of the ACC as an indicator of difficult behaviour in the child being discussed could also be considered a limitation due to questions around the reliability of foster carer reports regarding behaviour (e.g. Tarren-Sweeney, Hazell & Carr, 2004). However, the focus of the study was not on establishing the presence of challenging behaviour, but on the subjective experience of the foster carers in relation to their perception of challenging behaviour. Some foster carers completed the ACC retrospectively, as the child was no longer in their care, this could also be considered a limitation.

3.7.5. Future research

In relation to the current findings, future research may focus on further exploration of the impact of foster carers' attachment characteristics on their experience of difficult to manage behaviour in order to establish possible predictive patterns in their capacity to cope with and endure different behaviour presentations. For example, does attachment style predict foster carers' capacity to cope with differing types and severities of challenging behaviour, i.e. sexualized behaviour? Such research could highlight particular groups of carers who may require additional support to maintain their caring role.

An additional interesting area for future research may be the exploration of the impact of mentalization practice on foster carers' experiences, specifically, how it affects their experience of challenging behaviour and their interaction with the child. This is in addition to further research developing the use of mentalization in foster carer training interventions (e.g. Ironside, 2012), particularly relevant given its promotion of a reflective state of mind and the positive impact this has on the child's development of mentalizing capacity and secure attachment.

3.7.6. Summary and conclusions

The current study attempted to explore foster carers' experiences of difficult to manage behaviour in light of their attachment characteristics. In line with the literature, the findings highlight how multi-layered and complex the foster carers' experience of caring for a child, particularly with difficult to manage behaviour, is. This is indicative of the child's complexity on arrival into their care. The key theme to emerge from the current study was the influence, foster carers' level of reflection and understanding (mentalizing capacity), had on their experience of difficult to manage behaviour in the children they care for, and how this capacity appeared to relate to their attachment style. A tentative grounded theory was developed to shed light on the lived experience of foster carers managing difficult behaviour. It cautiously suggests that, in addition to attachment style, foster carers' reflective capacity was influenced by a myriad of internal and external factors including: awareness of the child's past and present; their own past experiences; the personal impact of the behaviour; the familial impact of the behaviour and; the supports available and received. Ultimately the findings suggest that the foster carer/child relationship, and the subsequent management of the difficult behaviour, is influenced by the quality of the experience.

The proposed model also seeks to offer insight into the variation in foster carers reported experience of challenging behaviour and their varying capacity to endure the behaviour and maintain the child's placement. Undoubtedly, further research is necessary to develop the findings generated by the current study.

It is hoped the findings of the current study provide an insight into the lived experiences of foster carers, particularly those managing difficult behaviour in the children they care for. Looked after children can prove extremely challenging for foster cares at times, and so it is important they are provided with the training and support necessary to help them 'stick with' the sometimes significantly traumatised children in their care. In doing so they can provide the child with the experience of a trusting, sensitive and secure relationship with an adult, which can ultimately contribute to a positive long-term outcome for a looked after child.

3.8. References

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4. EXTENDED METHODOLOGY

This chapter extends the methodology within the previous section (journal article).

4.1. Design

The current research adopted a qualitatively driven mixed methods design (QUAL+quan).

4.1.1. Rational for mixed methodology

A mixed methods design, with dominant status given to the qualitative paradigm, was selected. The researcher approached the study from a pragmatist perspective employing a design and methodology driven by a "what works best" mentality mixing the research approach to provide the best opportunities to answer the research question (Hoshmand, 2003; Johnston & Onwuegbuzie, 2004; Morgan, 2007).

Purist researchers from both qualitative and quantitative paradigms advocate, implicitly or explicitly, the "incompatibility thesis" (Howe, 1998) arguing that the two paradigms and associated methods should not be mixed. However, a mixed methods approach has been recognised as an expansive and creative form of research that is inclusive, pluralistic and complementary which encourages researchers to employ an eclectic approach to the process of research. Additional suggested benefits to utilising a mixed methods approach include: the development of stronger evidence through convergence and corroboration of findings; the production of more complete knowledge used to inform theory development and; a reduction in the risk of missing insight or understanding resulting from limiting the research to a single method (Johnston & Onwuegbuzie, 2004).

4.1.2. Grounded theory

The experience of foster carers caring for children who present with difficult to manage behaviours is relatively under researched with little study information available. In areas with such limited theoretical knowledge qualitative research is often utilised as it facilitates the exploration of subjective human experience and leads to the generation of theory grounded in the data in order to develop a better understanding of the 'experience'. Developed by Glaser and Strauss (1967) Grounded Theory (GT) offers this opportunity by moving away from the deductive methodology of quantitative research, seeking to test theory already in existence, to developing theory from new data in fields of study not yet fully explored in order to gain a greater understanding (Birks & Mills, 2011; Charmaz, 2006).

Other qualitative methodologies were considered, for example Interpretative Phenomenological Analysis (IPA), however GT was selected as it went beyond a descriptive focus towards the development of theoretical interpretations of the collected individual experiences in order to develop an understanding of the world being studied (Charmaz, 2006; Payne, 2007). Phenomenological research requires the researcher to suspend prior beliefs, or 'bracket' their assumptions and preconceptions (Taylor, 2005). Given the author's background assumptions and disciplinary interests alerting them to the possibility that care-giver attachment could influence foster carers experience of difficult to manage behaviour in the children they care for (and the inclusion of an attachment measure in the study design as a result), a phenomenological analysis of interviews was therefore ruled out. Furthermore, the researcher opted for GT due to the approaches recognition of the role of researcher as an active agent in the co-construction of the research and the necessity to adopt 'personal reflexivity' in order to maintain an awareness of their influence on the research and the theories developed (Ashworth, 2003; Burr, 1995; Charmaz, 2006, Payne, 2007). This method therefore allowed the researcher to explicitly share reflections on the process and interpretations of the data in order to reduce the impact of their biases and preconceptions on the emerging theory. It also provided the opportunity to allow the reader to evaluate the influence of possible biases and preconceptions on data collection and interpretation of results.

4.2. Ethical Considerations

4.2.1. Ethical approval

Initially a research proposal for this study was reviewed and approved by the University of Edinburgh DClinPsychol Ethics committee. This was followed by full ethical approval of the study by the West of Scotland Research Ethics Committee 04 (Appendix 4) using the standard Integrated Research Application System (IRAS). Ethical approval came after two responses to requests by the committee for further information (please refer to Appendix 3 for full details). Management approval to conduct the research was sought from NHS Fife's Research & Development department, and granted (Appendix 5).

The committee raised a particular need for clarification of the legal status of the foster carer's right to disclose information about children in their care, with assurances regarding protecting the confidentiality through the anonymisation of any child discussed not deemed satisfactory (Appendix 4.1). In response, the researcher contacted specialist fostering organisations, including The Fostering Network Scotland, The Centre for Excellence for Looked After Children in Scotland and the British Association for Adoption and Fostering who confirmed that foster carers are within their legal right to choose to participate in research and share their experiences. They additionally confirmed the importance of maintaining the foster carers confidentiality and obtaining their informed consent to participate. This was also confirmed by a legal advisor from the NHS Central Legal Office. The researcher also provided evidence to the committee of UK qualitative studies involving foster cares sharing their emotional experiences, perceptions, beliefs and psychological well-being (Morgan & Baron, 2011; Pickin, Brunsden & Hill, 2011; Samrai, Beinart & Harper, 2011; Taylor, Swann & Warren, 2008). Reassurance was given again that, in order to protect the absolute confidentiality of any child, no reported experience or specific behaviour would be identifiable or associated with any personal information (Appendix 4.4).

4.2.2. Informed consent

Informed consent was sought directly from the participant via a participant consent form (Appendix 6.2) included in the participant information pack (Appendix 6). The pack included details relating to consent to participate and protocol that would be adhered to in order to protect the individual's confidentiality. Emphasised to the participant was their freedom to withdraw from the study at any time without any affect on the service they received. Of the two consent forms contained in the information pack, the individual returned one signed and kept one for their own records. Although received previously, consent to participate was again discussed and confirmed at the beginning of the meeting between the researcher and the participating foster carer prior to commencement of the semi-structured interview.

4.2.3. Confidentiality and anonymity

Interview data was the primary basis of the current study. Preserving the confidentiality and anonymity of participants was of paramount importance. Following data collection, all identifying information was anonymised. This involved assigning an identification number, representing their position in the interview sequence, and pseudonym to each participant prior to transcription of interview data and storage. All recorded data, transcripts and measures were labelled with participants' number and pseudonym. The database containing participants' personal information, allocated numbers and pseudonyms was stored on a password protected secure NHS network drive accessible only by the researcher and kept separate from the research data itself.

Audio interview recordings were stored on the secure drive and transcribed at the earliest opportunity. The researcher personally transcribed all interviews and stored them also on the secure drive. Identifiable information included in the interviews was removed during the transcription process and the individual's pseudonym used throughout.

Original completed measures were stored securely in a locked filing cabinet which was accessible to the researcher only.

4.2.4. Emotional impact on participants

It was acknowledged that the researcher would be asking the foster carers potentially emotive questions regarding their experiences of caring for a child who presents them with difficult to manage behaviour. This ethical issue was addressed initially by obtaining informed consent making it clear to the participant that they were able to withdraw from the research at anytime and for whatever reason. Individuals who took part in the study were in contact with professionals, whether that be their key worker or therapist, and provided them with a source of support should they require it following participation.

Information was given to the participants during the process of obtaining informed consent regarding statutory responsibilities in relation to risk management and the associated limits to study confidentiality. As is standard, potential participants were informed that information would be shared where there was concern for the individual's safety, or the safety of others. This would have involved the researcher's concern being raised with the participant and permission requested to address this with their social worker or mental health professional in order to source support. Similarly, if an individual became distressed during participation the appropriate pathway for support would have been sought through the services the individuals were already engaged with.

At the end of the interview with the foster carers the researcher factored in time to debrief, which involved checking with the foster carer how they were feeling following the completion of the interview measures. In addition to the verbal debrief participants were left with a participant debrief information sheet (Appendix 10) providing them with the researcher's contact details should they feel it necessary to further discuss anything that may have come up for them during the interview

process. Participants were also provided with the contact details for a person independent of the study, who they could contact if they were concerned with any aspect of the research.

4.2.5. Emotional impact on researcher

Although the researcher had experience of conducting sensitive interviews as part of their clinical practice, it was acknowledged that qualitative research can involve a heightened intensity due to the level of engagement necessary when listening to, and in the subsequent analysis of, participants experiences of caring for a looked after child. Regular supervision with their clinical supervisor was available to the researcher in anticipation of potential distress, or requirement of a space to reflect on the content or process involved in conducting the interviews and analysis that followed. This was in addition to support from their academic supervisor if required.

4.3. Ensuring Quality

Necessary in research is the need to ensure the reliability and validity of the data generated. Specific to qualitative research, Yardley (2000) developed criteria to promote the reliability and validity of qualitative data proposing four principles: sensitivity to context; commitment and rigour; transparency and coherence and; impact and importance. These principles were adhered to by the researcher to ensure reliability and validity within this study and each will be outlined in the following section.

4.3.1. Sensitivity to context

Yardley (2000) proposes that sensitivity to context can be demonstrated in a number of ways, specifically through awareness of existing theory and literature, awareness of the socio-cultural context and consideration of the ethical context.

The researcher possessed a general awareness of existing literature around the areas of attachment (e.g. Bowlby, 1984) and looked after children due to her experience working with children and families as part of her clinical training. Additionally as part of the process in developing a thesis topic she increased her knowledge and understanding of the empirical context and identified areas within the literature that required further investigation. It is not unusual for grounded theorists to begin their studies with a set of general concepts and research interests (Charmaz, 2008) and is consistent with Blumer's (1969) description of 'sensitizing concepts'. Thus, the researcher's guiding interests brought in the concept of attachment into the study. Attachment theory was used as a 'point of departure' to form initial interview questions, to consider data, to listen to the interviewees accounts and to reflect analytically on the data. Critical is the premise that guiding interests serve to provide such points of departure for developing, and not to limit ones ideas (Charmaz, 2008). The researcher held in mind the need for sensitivity to the data during the analysis process (Yardley, 2000) and so delayed in-depth investigation of the theoretical literature specific to attachment and foster carers. The researcher delayed the systematic review and literature reviews to the end of data collection and analysis in order to reduce the risk of pre-existing theories influencing the analysis of participants' narratives. This type of delay is recommended by a number of grounded theorists (Charmaz, 2006; Glaser, 1992) to ensure the researcher's sensitivity to the data.

The social and ethical context of the relationship between researcher and participant was held in mind throughout the interview process and the potential for power imbalance within the relationship minimised as much as possible. Participants were made aware of the purpose of the research from the outset (part of a clinical psychology doctoral thesis). The researchers position (as researcher and trainee

clinical psychologist) could have potentially contributed to a power imbalance whereby participants felt the researcher was in an expert role and looking for particular responses to their questions. This potential sense of power imbalance was addressed by reminding participants that there was no right or wrong answers, that they were being interviewed as experts in their own right with experiences that were of interest to the researcher as part of a study that sought to develop an understanding of what it was like for them. Additionally it was continuously made clear that their involvement in the research had no bearing on the support they received from any professionals now or in the future.

4.3.2. Commitment & rigour

Yardley (2000) recommends the researcher demonstrate commitment to the methodology adopted, the area under investigation and the data provided by the participants themselves. The researcher demonstrates commitment to the methodology through extensive reading regarding methods of qualitative research with particular focus on the methods and principles of GT (Charmaz, 2006; 2008; Payne, 2007). Alongside this the researcher has an ongoing interest in attachment, child behaviour and the looked after child system which is, for example, demonstrated in her area of specialism during clinical psychology training. Commitment to the data was also demonstrated by the researcher in her enthusiasm to give time to personally transcribing each interview and listening and repeatedly reading the transcripts during analysis in order to maximise immersion in the foster carers' accounts.

Rigour relates to the completeness of data gathered and of the analysis and subsequent interpretations made. For example, as a means of achieving rigour in the current study triangulation of the study data to existing literature by comparing the differences and similarities between the research findings and the current research in the area was employed to provide a measure of concurrent validity (Dallos & Vetere, 2005).

4.3.3. Transparency & coherence

Transparency refers to the researcher's clear disclosure and communication of the study process allowing for it to be easily understood by the reader and replicable. Clarity in descriptions of the methodology and the analysis is required, with the latter achieved by presenting enough data (i.e. quotations) to demonstrate to the reader the basis of the analytic interpretations (Yardley, 2011). Reflexivity is an important part of the qualitative studies transparency since it is acknowledged that the researcher's position will be influential. Throughout, the researcher has aimed to be aware, and communicate their awareness, of how they may have influenced the data or interpretations, for example, detailing their position including their background and interests in addition to maintaining a reflexive stance aided by keeping a reflective diary.

The coherence of a study concerns the extent to which it can be understood as a consistent whole. Specifically this involves the fit between the theoretical approach adhered to, the research question, the methodology adopted and the interpretation of the data (Yardley, 2011). To meet this standard experienced professionals, including clinical and academic supervisors and clinical psychologists independent of the research, were consulted at various stages of the study's development and execution in order to repeatedly check the coherence of fit between theory and method.

4.3.4. Impact & importance

The final principle outlined by Yardley (2000) is impact and importance and is explained with clarity in the statement *"There is no point in carrying out research unless the findings have the potential to make a difference"* (Yardley, 2011, p.250). The difference made includes its practical and/or theoretical contribution. At the heart of this study was the researcher's wish to contribute to the theoretical understanding of foster carers' experience of caring for a child who presents with difficult behaviour, and in turn the development of supports available to foster carers and the children they care for. It is anticipated that this research may offer new

insights in to the impact of foster carers' attachment style on their experience of the child's behaviour in their care and provide professionals with additional knowledge to draw from when making decisions around the care of looked after children.

4.4. Research Context

Information regarding the research context is important in qualitative research as it provides insight into the environment in which the research was carried out and is provided in order to limit potential biases and maximise transparency of the process (Yardley, 2000). This research began during the author's final year of the Doctorate in Clinical Psychology, during twelve month part time placements in Child and Family Clinical Psychology and the Clinical Psychology Severe and Enduring Mental Health service for adults. All participating foster carers were in contact with the professional who had identified them as potential participants (social workers, clinical psychologists and therapists). All participants reported having at least the minimum training provided to them by their social work service or associated private foster care organisation. They described their basic training consistently including attachment theory and various behaviour management techniques.

4.4.1. Researcher's position

The author is a 31 year old Scottish female in the final year of a 5 year specialist clinical psychology training programme. In accordance with a reflexive stance, she acknowledges that her interactions with the foster carers she interviews and her subsequent data analysis will be influenced by her personal perspective. The author has experience of working clinically with looked after children and young people in addition to contact with their foster carers. Alongside clinical experience she has personal experience of looked after children in that her father is an adopted child.

The author acknowledges the significant impact this familial experience has on her view of looked after children and the people who take them in to their family. She holds such people in high regard and appreciates the complex impact being cared for has on an individual throughout their lifespan and within their relationships across time. Such views are acknowledged by the author as potential sources of bias that may act as a lens through which she views the foster carers she interviews.

The researcher's three years clinical experience, provided by her flexible training work placement, in a multidisciplinary psychotherapeutic service for children and young people who had experienced sexual abuse, stimulated her interest in carrying out research in this area. She had been particularly affected by the long term therapeutic contact she had had with a number of looked after children leading her to seek a greater understanding of the impact of difficult behaviours, often presented to her during weekly one-to-one, nondirective play sessions, on the foster carer/child relationship. This experience highlighted the potential significance of the foster carer's experience of challenging behaviour on the relationship they developed with the child in their care. This subsequently inspired reading around the area of foster carer and attachment theory and, in due course, a thesis proposal.

The author has had limited experience of qualitative research. Prior to beginning the clinical psychology training programme she was a research assistant and contributed to a qualitative research project which involved her interviewing social workers as part of an evaluation of a published set of practice materials that aimed explicitly to promote resilience in vulnerable children (Daniel & Wassell, 2002a,b,c). Through this experience the author was able to develop some interviewing skills. During training, working with children and young people with varying degrees of complexity using a number of psychotherapeutic approaches has allowed her to develop skills in establishing rapport and creating a safe, empathic and non-judgemental space for individuals who may experience difficulties with engagement. The researcher acknowledges her knowledge of psychological theories, developed in her training, may influence her interpretation and analysis of the qualitative data collected.

Given the authors limited research experience she approaches the study with enthusiasm, a wish to produce a fair and representative account of foster carers' experiences, and a manageable degree of trepidation.

4.5. Participants

4.5.1. Inclusion criteria

An addition to the inclusion criteria described in the journal article (previous section) an age range of 4 to 18 years was specified due to the measure of behaviour problems utilised, the Assessment Checklist for Children, being inappropriate for children under 4 years.

4.5.2. Exclusion criteria

Individuals with impaired intellectual functioning which could call into question their ability to give informed consent, or adequately understand and complete the interview, were excluded from the study.

4.5.3. Recruitment of participants

Recruitment of foster carers focused on one Scottish geographical area. The process of recruitment began with the researcher approaching a number of key figures connected with the Looked After Children Service and had contact with foster carers. The team manager of the family placement service within the local social work department, responsible for foster carers in the area, was contacted, in addition to Clinical Psychologists in the Child and Family Clinical Psychology Service and therapist from a specialist area wide sexual abuse service for children and carers.

Meetings with the researcher and the professionals within the three recruitment sources took place in order to provide verbal and written information regarding the details of the study and to answer any questions. The social workers, Clinical Psychologist and therapist were requested to consider their caseload for appropriate foster carers who they deemed, in their professional opinion, appropriate and fulfilled the studies inclusion criteria.

Once identified, and interest to take part confirmed, a participant information pack (Appendix 6) was given to the potential participant by the professional they were in contact with. The decision to have the professionals do this was based on the fact that they were a familiar figure to the potential participant and consequently may reduce the individual's possible feelings of pressure than if they were contacted by the researcher. Given this approach to recruitment the researcher was dependent on the professionals to identify and approach foster carers.

The information pack outlined the study details and clearly stated their right to withdraw from the research at any point without any impact on the service they received. The researcher's contact details were included to allow any questions the potential participant may have had to be answered in advance of volunteering. Participants who wished to take part were requested to return one of the two consent forms enclosed in the pack (keeping one for their own records) along with their contact details in the pre-paid envelope provided. Once received the researcher contacted the foster carer to arrange a convenient time and location to carry out the semi-structured interview regarding their experience of caring for a child who they felt presented them with difficult to manage behaviour and complete the two quantitative measures.

In addition to the aforementioned process of recruitment, in order to maximise recruitment potential discussion with Clinical Psychologists in the specialist sexual abuse service took place and it was suggested by them that recruitment could be sought via the researcher's attendance at a weekly foster carers group focused on the Solihull Approach (see Douglas, 2001). The researcher attended at the end of one of

the sessions to present details of the research, answer any questions and provide information packs to those who were interested in taking part. From this meeting four foster carers volunteered, signed the consent form and completed the volunteer sheet with their contact details. The researcher contacted each foster carer individually by telephone to confirm interest and arrange a time to carry out the semi-structured interview at their convenience.

All interviews took place at least 48 hours following arrangement of meetings by telephone and answering any questions, this was to allow individuals adequate time to reconsider and, if necessary, withdraw consent to participate.

4.5.4. Participant characteristics

Eight foster carers volunteered and participated in the study. Their details are outlines in the journal article of this portfolio (please see Chapter 2).

4.6. Procedure

4.6.1. Qualitative data collection

4.6.1.1. Open-ended qualitative interview

Each participant took part in one interview. Written consent was gained from each foster carer prior to them taking part in the study. All participants preferred to be interviewed at their home in private. All interviews were carried out by the researcher and recorded using a digital voice recorder (Sony IC Recorder ICD-PX312). The interview duration ranged from 38 minutes and 10 seconds, to 1 hour 52 minutes and 43 seconds (median = 1 hour, 20 minutes and 8 seconds).

In line with GT procedure, a semi-structured interview was employed to facilitate in-depth discussion with participants and encourage them to share their experiences at length (Appendix 8). The small number of open-ended interview questions served as a framework allowing space for flexibility and the participants' freedom to direct the interview (Charmaz, 2006; Silverman, 2000). This style of interviewing also facilitated the evolution of the researcher's understanding of the foster carer's experience rather than taking a directive and assumptive position.

All interviews began with the same opening request:
'I would like you to reflect on your experience of caring for the children you foster, and hold in mind one particular child who has presented with behaviour you have found difficult to manage at times'.
Responses were explored by using relevant prompts (Charmaz, 2006), for instance, 'can you describe what that was like for you?'; 'how did that make you feel?'; 'can you describe it (the behaviour) so that I can imagine it in my mind's eye?'. The researcher listened empathically and reflected back and summarised what the participant had shared at various, natural, points in the conversation in order to confirm understanding. It also served as an opportunity for the participant to correct any misunderstandings or erroneous assumptions made by the researcher.

The focus of subsequent interviews and questions asked, were refined based on the emerging themes generated by earlier interviews in order to explore a theme further.

4.6.1.2. Sampling for grounded theory interviews

Sample size in GT is variable, with a tendency for numbers of participants to be small (Bluff, 2005). 'Theoretical saturation' (Strauss & Corbin, 2008) is employed in GT methodology to guide sampling to the point where there are no new themes emerging from the data. This concept has been criticised by some as unattainable as there is always a possibility that new information could modify a theoretical framework (Charmaz, 2006; Dey, 1999). Alternatively, Dey (1999) suggested 'theoretical sufficiency' (Dey, 1999, pp. 257) as a more appropriate aim for the researcher in GT. The principles of theoretical sufficiency were adopted in the

current research as it emphasised the researcher's openness to data emerging from the interviews, thus, rather than producing categories saturated by the data, categories would be suggested by the data (Dey, 1999; Charmaz, 2006).

In adhering to the principles of theoretical sufficiency, latter interviews were refined based on emerging themes from preliminary coding and analysis of initial interviews, increasing the sensitivity of questions asked and allowing for focused exploration of themes. This sampling process continued until themes were deemed rich and robust enough to allow for analytical hypotheses to be made, and no new themes emerged from the data.

4.6.1.3. Piloting interviews

As the researcher was somewhat of a novice in qualitative research, prior to commencing the research with foster carers, a pilot open-ended interview was carried out with a Clinical Psychologist who had experience of utilising GT. Feedback regarding interviewing style and the practicalities of carrying out interviews was given.

Following the completion of the first two interviews carried out with foster carers the researcher sought feedback regarding the questions asked and any opinions they may have regarding the interview process in general. Additionally, the recordings of the first two interviews were sent by the researcher to her academic supervisor to receive feedback on interviewing style. The feedback received from both sources was positive with no suggested changes to style.

4.6.1.4. Research diary

The reflexivity of the researcher is a central aspect of GT (Charmaz, 2006; 2008; Payne, 2007). In order to maintain a reflexive stance the researcher kept a research diary during the research process, which encouraged her to be reflective on her interpretations, feelings towards the research, and emerging thoughts and ideas. The researcher also took field notes following each interview (Birks & Mills, 2011) which included reflections on the interaction between researcher and participant,

observations of non-verbal behaviour, thoughts regarding emerging themes and similarities between interviews.

4.6.1.5. Qualitative data management

To ensure the reliability of the data gathered digital audio recording of the eight interviews were taken and transcribed by the researcher. In order to manage the textual data the researcher maintained a consistent system to handle the anonymised data in paper form by hand and utilised Microsoft Office Software. The researcher considered using specialised computer software (e.g. NVivo 10: QSR International) to aid data management and analysis, however due to the researcher being a relative novice in qualitative methods she decided against it so as to stay as close to the data and its analysis as possible (Smith, Flowers & Larkin, 2009).

4.7. Data Analysis

In order to maintain principles of transparency and coherence (Yardley, 2000), outlined below is the process taken during data analysis and integration of qualitative and quantitative data.

4.7.1. Transcribing interview data

Qualitative data analysis starts with the transcription of audio recorded interviews. Transcribing the interviews was extremely time consuming, however throughout the process the author held in mind the importance of becoming familiar with the data and the need to remain committed to Yardley's (2000) principle of commitment and rigour. Abiding by this stance aided in the author's in-depth engagement with the data, in addition to a continued emotional connection with the experiences shared by

the foster carers. Transcription of interviews were verbatim and included pauses and utterances.

4.7.2. Coding

As stated by Charmaz, *"Grounded theory coding generates the bones of your analysis. Theoretical integration will assemble those bones into a working skeleton. Thus, coding is more than a beginning; it shapes an analytic frame from which you build the analysis."* (Charmaz, 2006, p.45). With this in mind the author placed great importance in carefully taking the first step in the analytic process and coding the data generated from interviews with foster carers.

In order to remain close to the data, detect processes and reduce the possibility of premature conceptual leaps to theory while moving through the stages of analysis, the author followed the recommendation of Charmaz and used gerunds during coding, specifically words that representing action predominantly ending in 'ing' (Charmaz 2006; Birks & Mills, 2011).

Adhering to the GT method, the researcher analysed the data by engaging in three phases of coding: initial coding, focused coding and theoretical coding. Each phase represents an increasingly greater level of data abstraction (Charmaz, 2003; 2006).

4.7.2.1. Constant comparative method

The constant comparative method is central to the GT approach and is utilised at each stage of analysis facilitating the development of codes and categories and the relationship between them (Charmaz, 2006; Glaser & Strauss, 1967, Payne, 2007). As the data analysis is carried out the constant comparative method is employed in order to increase success in generating more abstract concepts and theories through an inductive process of comparing data with data, data with category, category with category and category with concept (Charmaz, 2006).

4.7.2.2. Initial coding

Initial coding, the first stage of data synthesis (Birks & Mills, 2011), took the form of 'line-by-line coding' which, as described by Charmaz (2006; 2008), involves naming each line of data in order to ensure one remains grounded in the data itself allowing for higher level categories and theoretical formulations to emerge rather than be imposed (Willig, 2008). In the current study the researcher took each line of interview transcript and attempted, as far as possible, to code with words reflecting action. The researcher aimed to analyse from the perspective of the foster carer, focusing on the meanings and actions they described in order to reflect an 'insider's view' and reduce the risk of moving beyond the position of the individual (Charmaz, 2006). It was not unusual for several different codes to be illustrated within in small extracts.

Table 4.1 presents an illustration of line-by-line coding using an extract from the interview transcript from 'Rachel', participant 1.

Table 4.1: Example of line-by-line coding

	Transcript	Initial Coding
Rachel	A lot of his behaviour came from the fact that he wanted claimed, but he would verbalise this to me. He would say, *'you don't love me enough to keep me', 'why won't you keep me?', 'why you keeping [name of foster child] and not me?'.* And he would say *'I'll be really scared when it's time to move on'* and things like that. Eh, and that's were a lot of his behaviour came from and he says that if I ... and he, he wanted to test what I'd said 'cause like I said in the beginning when the children come to me I tell them the truth you won't stay here but I will keep you until they find somewhere permanent for you and, eh, he says you won't if I misbehave because [name of child] didn't.	Making sense of child's behaviour – to be claimed. Making sense of child's behaviour. Feeling tested. Being honest.
Researcher	**Right o.k...**	
Rachel	And I said, *'well you've already tried to misbehave and you're still here and I'm still saying I will keep you until this permanent place is found for you'*, and I think it was the testing to see well if I do this and I do that, if I threaten this person and if I threaten to set your house on fire and if I, I'll treat your dogs are you going to treat me... are you going to keep me or are you going to do exactly what I think you're going to do and give up?	Reassuring security. Acknowledging placement limits. Feeling tested by the child.
Researcher	**So did it, what did it feel like...**	
Rachel	Yeah, it felt like a giant test. Every day it felt like and, like I said, when you felt like a failure you thought *'am I passing this test'*, you know?	Feeling like a test . Feeling like a failure.
Researcher	**And when he was questioning you on *'are you going to keep me'*, because that's quite emotive stuff isn't it, how were you feeling at that point?**	
Rachel	You, you feel devastated for the child, you know? You really do. You really think *'what have you been through, that we don't already know about, that makes you think that that you can't ever trust people?'*	Personal impact - feeling devastated for the child. Wondering about the child's past. Trying to make sense
Researcher	**Mm hmm. Ok, and how did that then affect how you cared for him and responded to him how did that affect you?**	
Rachel	Eh, it just, eh, made you aware that even though he was doing all this stuff there was reasons behind it, and he, and this was a scared child sitting in front of you.	Making sense. Holding in mind there is a reason for the behaviour – he's a scared child.
Researcher	**Uh huh, exactly.**	
Rachel	I mean even though I had quite strong feelings myself, feeling like a failure and things like that, you thought to yourself *'God this wee boy is so unhappy and so upset'.*	Acknowledging own feelings. Focusing on the child's feelings. Acknowledging the child's difficult feelings.

Initial coding was carried out on the first two interview transcripts, and, in order to familiarise themselves to the data, the researcher compared and contrasted codes and data within and between the two. This led to the identification of common ideas and themes, and the development of tentative theoretical categories. The emerging theoretical categories refined the focus of subsequent interviews. Initial coding and the development of tentative theoretical categories continued in the early stages of analysis and allowed the researcher to begin considering analytic questions of the data. In summary, the development of categories was produced by continuous questioning of the data and constant comparisons of the data. In order to aid the aforementioned process the researcher referred to her memos and field notes.

The researcher remained in the initial coding phase until it was felt that 'strong analytical direction' had been achieved (Charmaz, 2006). At this point the focus of analysis progressed to focused coding.

4.7.2.3. Focused coding

Focused coding, the second main phase of coding, involved codes that were more directed, selective and conceptual in nature (Charmaz, 2006; 2008; Glaser, 1978; Payne, 2007). In line with Charmaz's (2006) recommendations, following the identification of some strong analytical directions from the line-by-line coding, focused codes were developed to synthesise and explain larger pieces of data. This involved paying particular attention to codes that were more significant or frequent (Charmaz, 2006). The movement from initial coding to focused coding was not consistently linear and the researcher remained open to the possible need to move back to interview data to further explore an area of interest that may have initially been overlooked but had become illuminated by later focused coding.

Table 4.2 presents an illustration of focused coding using the same extract ('Rachel') used in Table 4.1.

Table 4.2: Example of focused coding

	Transcript	Focused Coding
Rachel	A lot of his behaviour came from the fact that he wanted claimed, but he would verbalise this to me. He would say, *'you don't love me enough to keep me', 'why won't you keep me?', 'why you keeping [name of foster child] and not me?'.* And he would say *'I'll be really scared when it's time to move on'* and things like that. Eh, and that's were a lot of his behaviour came from and he says that if I ... and he, he wanted to test what I'd said 'cause like I said in the beginning when the children come to me I tell them the truth you won't stay here but I will keep you until they find somewhere permanent for you and, eh, he says you won't if I misbehave because [name of child] didn't.	Making sense of behaviour. The child's present need. Making sense of behaviour. The focus of behaviour. Responding with honesty.
Researcher	**Right o.k...**	
Rachel	And I said, *'well you've already tried to misbehave and you're still here and I'm still saying I will keep you until this permanent place is found for you'*, and I think it was the testing to see well if I do this and I do that, if I threaten this person and if I threaten to set your house on fire and if I, I'll treat your dogs are you going to treat me... are you going to keep me or are you going to do exactly what I think you're going to do and give up?	Placement type. Responding with reassurance. The focus of behaviour.
Researcher	**So did it, what did it feel like...**	
Rachel	Yeah, it felt like a giant test. Every day it felt like and, like I said, when you felt like a failure you thought *'am I passing this test'*, you know?	Personal impact – distress.
Researcher	**And when he was questioning you on *'are you going to keep me'*, because that's quite emotive stuff isn't it, how were you feeling at that point?**	
Rachel	You, you feel devastated for the child, you know? You really do. You really think *'what have you been through, that we don't already know about, that makes you think that that you can't ever trust people?'*	Personal impact – distress. Making sense of behaviour. The child's past.
Researcher	**Mm hmm. Ok, and how did that then affect how you cared for him and responded to him how did that affect you?**	
Rachel	Eh, it just, eh, made you aware that even though he was doing all this stuff there was reasons behind it, and he, and this was a scared child sitting in front of you.	Making sense. The child's present
Researcher	**Uh huh, exactly.**	
Rachel	I mean even though I had quite strong feelings myself, feeling like a failure and things like that, you thought to yourself *'God this wee boy is so unhappy and so upset'.*	Personal impact Looking beyond the behaviour.

4.7.2.4. Theoretical coding

Theoretical coding is the final stage and serves to share with the reader a coherent analytic story. Theoretical codes integrate focused codes in order to conceptualise how they are related and move the analytic process in a theoretical direction (Charmaz, 2006; 2008; Payne, 2007). Birks and Mills (2011) highlight the importance of this move towards theory development: *"...a study is not grounded theory if it does not reach a high level of conceptual abstraction that is beyond the level of description".* (Birks & Mills, 2011, p. 119). To facilitate the researcher's conceptualisation of the relationships between codes and categories she created a number of visual diagrams throughout the data analysis process (See Appendix 15). The use of visual representations has been recommended as an aid to the data analysis process (Strauss & Corbin, 1998).

During the theoretical coding process a core category ('Making Sense') began to stand out which had the, *"ability to pull other categories together to form an explanatory whole"* (Strauss & Corbin, 1998, p.146). The foster carer's attempt to 'make sense' of the child's difficult behaviour connected with the other categories that emerged and was touched on by all participants as they described their experiences.

4.7.3. Memos

In order to maintain a connection to the analysis and increase the level of abstraction of the data the researcher utilised memo writing throughout the research process (Charmaz, 2006; Fassinger, 2005). The memos written comprised of the researcher's thoughts, feelings, observations and tentative hypotheses (for example see Appendix 14). During the data collection and analysis process the memos primarily focused on thoughts regarding emerging codes and categories and were used throughout the course of theory development. Charmaz (2006) encourages spontaneity in memo writing with a need for them to be easily accessible allowing the researcher to return

and refine them when attempting to develop clarity in tentative categories and their interconnected relationships.

4.7.4. Literature review

As advocated by some experts in GT research, in order to avoid imposing established theories from the field of study, onto foster carers' narratives the researcher delayed in-depth review of the literature until after completion of the analysis (Charmaz, 2006; Glaser, 1992). A literature review was carried out to compare research evidence and positions with the current GT study. In doing so it was possible to further interpret the theory by considering how the current evidence base illuminated the current theoretical categories or, in some way, challenged them. It also contributed to the researcher's capacity to think critically about the theory that had evolved from her research focusing on foster carers' experience narratives.

5. EXTENDED RESULTS

This chapter extends the results presented in chapter 2: journal article.

Presented in this chapter is an interpretative account of participating foster carers' narratives from which the development of a GT is based. One core category and five main categories were generated from the current study. The core category, main categories and subcategories embody the foster carers' experiences as understood by the researcher, while the variation of each foster carer's experience is contained within each subcategory presented.

Due to the fact that quantitative attachment information will be utilised to provide further context for discussion regarding how foster carers experience difficult to manage behaviour in light of their attachment experience, the data generated by the eight foster carers completed RSQs will be presented prior to the presentation of interview findings.

Unfortunately space does not permit full explanation of all five main categories here. Therefore, the core category ('Making Sense') and two of the five main categories ('Personal Impact' and 'The Relationship') will be presented with exemplar verbatim extracts from the data (for information regarding the other three main categories please refer to Appendix 12). These were selected for inclusion as they are considered to represent the categories that particularly warranted discussion and explanation to the reader.

The core category was titled 'Making Sense' and the five main categories were titled, 'Personal Impact', 'What Helps', 'What Makes it Difficult', 'Responding' and 'The Relationship'. The core category and five main categories are depicted in Figure 5.2. Please refer to Appendix 11 for a fuller illustration of the organization of themes and categories.

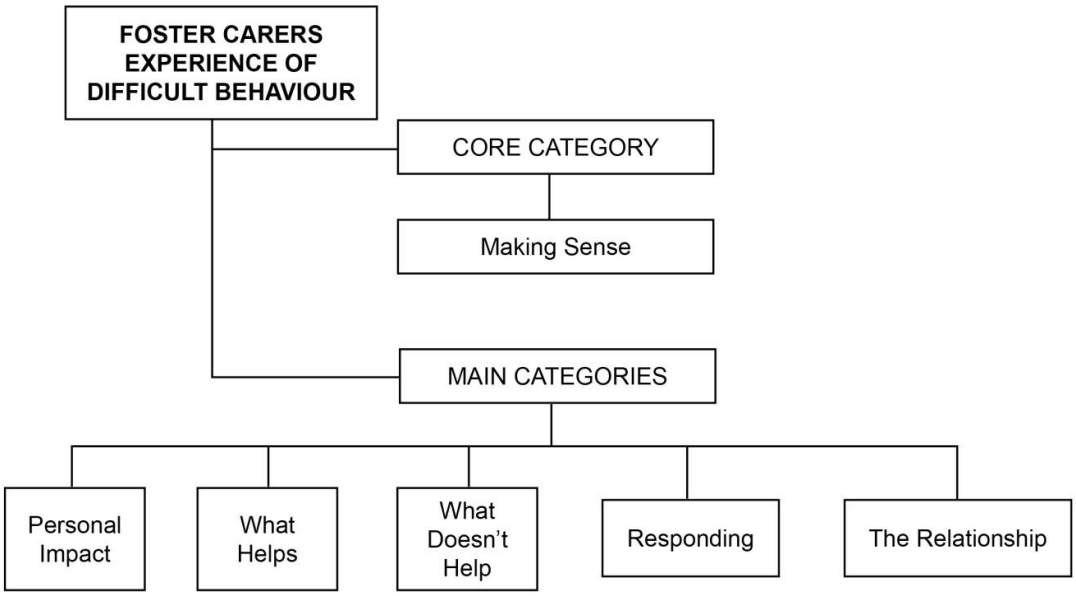

Figure 5.1: Overview of Core Category and 5 Main Categories

The core category to emerge from the data was 'making sense' and related to the significance of foster carers' ability to take a reflective stance upon their experience of difficult to manage behaviour the child in their care presented with. Within 'making sense' participants' shared key contributors to this process which included: 'the child's past'; 'the child's present' and; their 'own past experiences'. Some foster carers described, at times, experiencing 'difficulty making sense' of the child's difficult behaviour and achievement of a reflective stance. It is suggested here that the foster carer's level of reflection and understanding is a dimension that runs through all five main categories identified as it is their level of interpretation, and where they are at in the 'making sense' process that they have communicated in their experience narratives.

All eight foster carers spoke to varying degrees about the main category 'personal impact'. Within this foster carers spoke of their experiences in terms of feeling that they were 'the focus of the child's difficult behaviour', the 'personal distress' they experienced in relation to the behaviour and feelings of 'hopelessness'.

The second main category to emerge from foster carers' descriptions of their experience of difficult to manage behaviour in the children they care for was 'what helps'. Within this all participants described help seeking behaviour which took a number of forms and provided various experiences, specifically 'advice and confirmation', 'offloading', 'a united front', 'looking after yourself' and the sense of 'doing good' for the child.

The third main category to emerge from participants' interview data was 'what makes it difficult'. In relations to this theme described by foster carers was the 'lack of information', 'lack of support', the negative 'impact on family' members and 'feeling judged'.

The penultimate main category was 'responding' to the child's difficult to manage behaviour with foster carers' describing the impact of their 'expectations' on their responses, providing the child with an 'education' (i.e. appropriate behaviour, clear boundaries and consequences) and 'a new way of life' (i.e. positive values and positive behaviour management).

The final main category to emerge from the foster carers' experiences of caring for a child who presents them with difficult to manage behaviour was 'the relationship'. In relation to this participants shared their experience of 'looking beyond the behaviour', feeling a sense of 'dedication' to the child, providing the child with a sense of 'family' and their experience of 'a connection' with the child.

All names used in the excerpts to follow are pseudonyms.

5.1. Attachment Data

Table 5.1 and 5.2 present foster carers' scores generated by the RSQ. High scores on questions within a category would imply that the individual was high on the dimension being measured.

Table 5.1: Relationship Scales Questionnaire mean categorical attachment scores

Participant	SECURE	FEARFUL	PREOCCUPIED	DISMISSING
1. Rachel	3.40	2.50	2.00	**4.00**
2. Donna	3.40	3.00	2.50	**3.60**
3. Cathy	**4.20**	1.50	2.00	3.20
4. Liz	**4.40**	3.00	2.25	3.40
5. Emily	**4.00**	2.25	3.00	2.80
6. Faith	2.60	**4.00**	2.50	3.80
7. Rose	**4.00**	2.75	2.75	3.40
8. Betty	**3.40**	1.00	3.00	2.40

(n.b. bold scores denotes the highest score dimension for each participant)

Table 5.2: Relationship Scales Questionnaire ratings of the self and other dimensions

Participant	SELF (Anxiety)	OTHER (Avoidance)
1. Rachel	2.90	-1.10
2. Donna	1.50	-0.70
3. Cathy	3.90	1.50
4. Liz	2.55	0.25
5. Emily	1.55	1.95
6. Faith	-0.10	-2.70
7. Rose	1.90	0.60
8. Betty	1.80	3.00

In addition to Tables 5.1 and 5.2 presenting the numerical data generated by the foster carer's completion of the RSQ, their scores have been plotted on to the two-dimensional, four-category model of attachment for illustrative purposes (Figure 5.2).

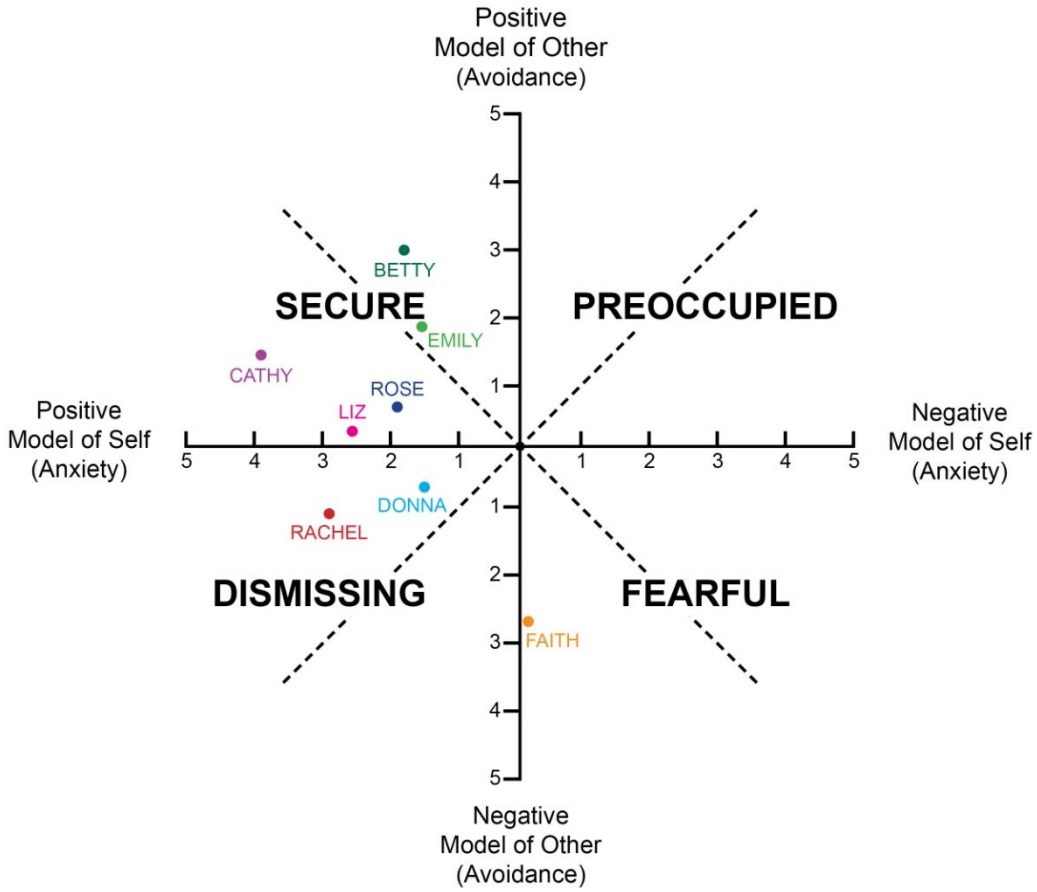

Figure 5.2: Two-dimensional four-category model of attachment with participants' dimensional scores plotted

Figurer 5.2 clearly illustrates where each participant lies within one of the four attachment categories, defined by the positivity of the participant's model of 'self' and 'other' (Bartholomew, 1990).

The RSQ attachment results are used as an indicator of participants underlying attachment patterns to aid interpretation. The RSQ scores generated serve to

describe the likely prototypical attachment pattern of the participants. These results are considered when analysing interview data.

5.1.1. Secure attachment category

As illustrated in Tables 5.1 and 5.2, and Figure 5.2, five of the eight foster carers (Cathy, Liz, Emily, Rose and Betty) produced individual scores indicating they were best represented by the secure category of attachment. A secure attachment style was found as a secondary base for two additional foster carers (Rachel and Donna), suggesting that although they scored higher in alternative category (dismissing for both Rachel and Donna) they were additionally represented by the secure attachment category. A secure attachment pattern suggests possession of both a positive self and other model. Individuals who rate highly in this category tend to demonstrate affection and warmth to others, possess an internalised sense of self-worth, are comfortable with intimacy in close relationships and can respond flexibly to difficult situations (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Griffin & Bartholomew, 1994).

5.1.2. Dismissing attachment category

Two foster carers (Rachel and Donna) generated individual scores that fell within the dismissing attachment category, suggesting that they are best represented by this attachment pattern. A dismissing attachment was found to be the secondary representative category for an additional four foster carers (Cathy, Liz, Faith and Rose). As illustrated in Figure 5.2 the dismissing style has a positive self and negative other model. A dismissing attachment style typically manifests as a tendency to avoid seeking help accompanied by an emphasis on self-reliance (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Griffin & Bartholomew, 1994).

5.1.3. Fearful attachment category

One participating foster carer (Faith) produced a highest mean score in the fearful attachment category. No other foster carers produced highest or secondary highest mean scores for the fearful attachment category. A fearful pattern of attachment is representative of a negative self and other model. This pattern of attachment tends to manifest as low self confidence, dependent on others' for acceptance and validation, avoidant of seeking support from others and when faced with difficulty may not express their emotions or seek support (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Griffin & Bartholomew, 1994).

5.1.4. Preoccupied attachment category

A preoccupied attachment style was not found to best represent any of the foster carer's in this study. However, a preoccupied attachment style was found to be the second best representative category for two foster carers (Emily and Betty). A preoccupied attachment pattern is indicative of a negative self model along with a positive other model. Individuals with a preoccupied attachment pattern have been found to lack clarity and objectivity when discussing close relationships, often contradicting themselves when discussing relationships. They have also been described presenting with a tendency to shift between idealising to devaluing significant others. Additionally, those with a preoccupied attachment pattern present with low self-confidence and dependency on others for self-esteem (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Griffin & Bartholomew, 1994).

5.2. Interview Findings by Category

5.2.1. Core category – Making Sense

All participants, when describing their experiences of managing difficult behaviour in the children they care for, spoke to varying degrees, about their attempts to be reflective and understand the child and their behaviour. The making sense process was not a separate dimension of the foster carer's experience but a core feature of it. It was a dimension that ran through all of the main categories identified. It has been highlighted as a core category to emphasise its significance but is also present in the descriptions of the main categories. 'Making sense' can be defined as a process involving the foster carer's reflective stance and consequent level of understanding of the difficult behaviour. Information identified by participants as significant in their making sense process regarding the child's challenging behaviour included: the child's past, the child's present and the foster carer's own past experiences. Each will be looked at in turn, along with consideration of foster carers' experiences of finding it difficult to make sense, using example extracts.

5.2.1.1. The child's past

All eight foster carers described being reflective in their thinking and recognised the importance of holding in mind the existence of a link between the child's current behaviour and their past experiences prior to arriving in their care. The foster carer's described their reflective stance aiding them in their attempt to search for meaning in the current behaviour which, in turn, influenced their experience of the behaviour, the development of the relationship and their response.

5.2.1.1.1. Origin of behaviour

All eight foster carers described thinking about the difficult behaviour in relation to the child's past, the origins of the behaviour. Through this lens they shared their experience of making sense:

Excerpt: Donna:

"... Charlie's dad used to tell him he was coming in one, two and three [okay] *and so any chasing game that Charlie is involved in normally has disastrous end affects* (...) *if he is being chased and caught that is, he cannot manage that at all. (...) I think if you are looking after children* (...) *you have to be quite mindful of, of what they are actually carrying with them".*

Excerpt: Emily:

"...the sexualised behaviour, obviously you understand it that that's how adults liked them to behave before, so then they come in to an average normal house and dinnae understand why adults aren't responding to them the way they expect them to".

Excerpt: Rachel:

"Well a lot of his language, like I said, a lot of that was things he's heard from the past [mm hmm] *an' he'd witnessed a lot of violence in the past as well and I think that's where he's, eh, certainly his eh talking about violence and hitting that all came from the past* (...) *but this was all stuff from his past where he had seen it and even when he was talking about having sex with people I said to him, 'I wonder why you would want, eh, to talk about sex like that at your age?', and he said 'well I heard my dad saying it to my mum'".*

5.2.1.1.2. Current meaning and response

The child's history was also held in mind by carers when trying to make sense of how the child's past experiences gave meaning to their current behaviour and impacted on their own response. Highlighted by five foster carers (Donna, Cathy, Faith, Rose and Betty) was the tendency for the behaviour to relate to the child's attempt to cope with stressors:

Excerpt: Cathy:

"... it was a coping mechanism for Ella, it was a sort of survival thing for her that if she was in control of things she felt a bit safer [okay] (...) *and I think that's why it comes out again when she's stressed it's her way of trying to cope with things is to, you know, boss everybody about".*

All eight foster carers emphasised how knowing the child's past experiences and making sense of their current behaviour based on that information affected the care that they gave to the child:

Excerpt: Donna:

"... when Charlie came to us he'd just turned six [okay] *and had had a really, really difficult previous placement* [Right, okay] *and had just been separated from his siblings and we had to be very mindful of that, that when Charlie was living with his mum and dad it was very chaotic and there was no routine, there was no boundaries, there, there was no care really. There was a lot of abuse that was taking place, there was neglect that was actually there,* (...) *It was very, very complex and so we really need to, you know, be able to make Charlie, you know, quite safe and secure".*

Excerpt: Faith

"... I'm a believer that, em, you need to get the information, and it doesn't matter whether it's good or bad you need the information so that you can then tailor the way you parent that child and what reparative stuff you do, em, around all that...".

Excerpt: Rachel:

"It was a case of, he's displaying all these behaviours because he's hurting and because he's in an unsettling time in his life and, and no one can give him answers but this is a wee boy that is showing you love and is willing to take love back".

Four foster carers also recognised the impact of the child's experience of being a looked after child on their current behaviour:

Excerpt: Rose:

"They were so use to moving on, (...) *Olivia particularly would say 'when are we going?', and eh, 'you, you want you want rid of us'* (...) *'just go and tell* [name of social worker] *you want to take us away' and I would say 'no, why Olivia this is your home',* [Mm hmm] *'this is your home, this is your family, for good or bad this is it, this is where you are going to be staying'.* (...) *Olivia knows and uses her knowledge to upset her brother, em, by saying, 'they want rid of us', 'they want us away'* (...) *Olivia does not like being in care, and Olivia attributes an awful lot of the negative things that she feels to being in care".*

5.2.1.2 The child's present

All of the foster carers who shared their experiences talked about difficult behaviours being the child's way of communicating, consciously or unconsciously, how they felt in the present:

Excerpt: Donna:

"Getting sent home from school, (...) *it's normally been as a result of actually, em, attacking somebody else,* [okay] *hitting somebody else, being abusive with the teachers. Em, and again normally by the time we've actually explored something there has been an underlying thing and that's something that we've missed or that's happened and he's not quite been able to work that out for himself".*

Excerpt: Rose:

"And we'd go in to her room and we'd find the bandages and sticking plasters and bit's of cotton wool and she would put red pen on the dressings and things (...) *and she would insist that I bandaged up her hand before she went to bed* (...)
LF: How did you understand the bandages, and the marking of the blood ...?
"*With some help from, you know* [name of therapist] (...) *it was an external manifestation of, of the hurt because she didn't have the words and the understanding but she knew she was hurting and she had to try and make sure that everybody knew she was hurting".*

Excerpt: Liz:

"... the soiling became a behaviour and became, when he is angry then he will go and smear his poo everywhere in the bathroom...".

Four foster carers described making sense of some of the child's current difficult behaviour in relation to their current placement type:

Excerpt: Rachel, had been caring for Sam within a temporary placement:

"A lot of his behaviour came from the fact that he wanted claimed, but he would verbalise this to me, he would say, 'you don't love me enough to keep me', 'why won't you keep me?', 'why you keeping [name of foster child] *and not me?', and he* (...) *wanted to test what I'd said. 'Cause like I said, in the beginning, when the children come to me I tell them the truth 'you won't stay here but I will keep you until they find somewhere permanent for you'".*

5.2.1.3. Own past experiences

In talking about their efforts to make sense of the difficult behaviours that the children they cared for presented them with, six of the eight foster carers acknowledged that their own past experiences had played a part:

Excerpt: Donna:

"... one of the things when we had read Charlie's paperwork was, that I'd had quite a bad car accident when I was seventeen as well [okay] *and so, and, and I had had a lot of constructive surgery on my face as well so I was very, kind of, quite mindful of that for Charlie".*

Excerpt: Cathy:

"... I have a lot of empathy for her (...) *I do have an understanding of, you know, being scared and, you know, lots of shouting and stuff going on, so there's a lot of the stuff that she's suffered from that I do understand".*

Excerpt: Faith:

"... my mum didn't parent us, let's just put it that way. She didn't parent us we parented ourselves, we brought ourselves [up] (...) *so that bit I see that in Eva,* (...) *yeah I think the way I was brought up impacts on the way that I've dealt with a lot of children over the years, but I think more so with Eva...".*

Excerpt: Betty:

LF: Em, do you think that your own life experiences have affected how you experienced Zack's behaviour?
"The fact that I was battered by my father? Yes! [Betty laughs] (...) *it did help me to understand what it was like to have the fear of someone, because it is real fear".*

Excerpt: Liz described her past experience of violence in her childhood and connected with this when experiencing Jack's difficult behaviour:

LF: Do you think that your life experiences in the past have added to how you are ...
"Absolutely"
LF: ... and how you experience and manage Jack
"Absolutely"
LF: In what way?
"In again there is hope ...".

Negative Case

The only negative case in this category was Emily, who did not believe her past life experiences had played a part in how she experienced Hannah's behaviour:

Excerpt: Emily:

LF: Do you think that your own life experiences, so like as a child, growing up, before fostering ...

"Nah"
LF: ...do you think those experiences have helped you in any way?
"Nah, my life was so different. My life was just so average, so normal that nothing that happened in my life bears any resemblance to what's happened in theirs. So nah I dinnae?".

The attachment data was considered when attempting to understand the above negative case. Emily, rated highest on the secure attachment category with a strong secondary base in the preoccupied attachment profile.

5.2.1.4. Difficulty making sense

All of the participating foster carers shared experiences of being reflective in order to understand and make sense of the child's behaviour. However, foster carers also shared experiences of sometimes feeling confused about some of the behaviours, and experiencing difficulty understanding the trigger of the behaviour or what it was about:

Excerpt: Donna:

"So we, we kind of go (...) *isn't it nice that your beanbag's in here and your books and things are all in here,* (...) *and then you'll find that he's sat and chewed all of the books.* [okay, mm hmm] *and I kind of think 'what on earth is that all about?'* (...) *is he telling me that he doesn't want them in his room?".*

Excerpt: Rose:

"I found it very difficult because I couldn't understand why a wee, why a wee girl would need to make up an elaborate story like that, and be able to maintain it".

Excerpt: Betty:

"We searched for triggers with Zack for a long, long time but there was nothing really that was a direct, it was whatever popped into his head, em, [okay] *which is one of the hardest ways to sort of deal with it* [Uh huh] *and it could be at a very wonderful time for instance em, we had a party* (...) *Zack had come in and gone into the bottom toilet* (...) *and he came out and went 'Mum, you have to come here'. You know and the whole bathroom was covered in it".*

Excerpt: Faith:

"... she'll be kicking the wall, she strips herself absolutely down to nothing (...) *That, that's one I struggle with why is she, the clothes, I don't get that one I've not got my head around what that one's about".*

As illustrated by the above excerpts it was not unusual for foster carer's to highlight particular behaviours that they found difficult to understand. However, it seemed that due to a secure attachment style, either as their highest scoring attachment dimension or second highest attachment dimension, they were able to take a reflective stance and continue to try and make sense.

When considering the interview data two foster carers in particular (Liz and Betty) seemed to, at times, experience particular difficulty looking beyond the child's behaviour to make sense of it. This resulted in their narratives sometimes implying a less than favourable inference on the child.

Excerpt: Betty:

" Zack did em, use a lighter at one point in his room to try and set fire to his bed...while he was in it. (...)
LF: How did you understand that? Trying to set light to the bed, what do you think that was about?
"Well, I thought he was just...lots of kids like to set fire to paper and things like that, eh? and it wasn't actually his bedding it was the back of his bed. I think he was just practicing". (...)
LF: What do you think it was with the fire?
"I don't know, just destructive...".

Excerpt: Liz:

"That was extremely challenging with Jack and physically exhausting and I caught him many times (...) *going on the seats and* (...) *moving from one seat to the other to other to the other like when an animal marks its own territory,* (...) *sometimes he did it on purpose,* (...) *I caught him many times standing in front of the TV and I can see his bottom getting bigger and bigger and bigger and he was soiling standing, for no reason".*

5.2.2. Main category – A Personal Impact

When exploring foster carers' experiences regarding the difficult behaviour the children they cared for presented with, all eight participants described the behaviour feeling personal at some point and to varying degree. The personal impact of the behaviour was raised as one of the central aspects of the experience foster carers described and was influenced by their level of reflection and understanding.

5.2.2.1. The focus of the behaviour

Six carers shared their experiences of feeling the child's difficult behaviour was focused upon them, with the behaviour intended to cause personal distress. Also described were experiences whereby the behaviour may have felt personal however the foster carer was able to rationalise that the behaviour was without intent. Therefore, it was evident in the foster carer's narratives that their level of reflection and understanding of the behaviour influenced how they experienced it and made sense of it.

Feeling manipulated and/or controlled by the child was explicitly mentioned by five foster carers:

Excerpt: Cathy:

"Oh I found it really quite difficult, em, as an adult to have an 8 year old, as she was then, trying to manipulate you and control you and boss you about and tell you what's right and what's wrong, very, very difficult ...".

Excerpt: Betty:

"But it was very, very hard at times. (...) *and you always felt there was game playing, that he didn't, you know, he couldn't cope* (...) *and children do manipulate, they're very good at manipulating".*

Liz, Faith, Rose and Betty described feeling that sometimes the child's behaviour was intended to cause them upset:

Excerpt: Rose:

"... Tuesday she refused to go to school, em, she made life, she tried to make life very difficult for me, em, while she was in the house by saying things, doing things, um, basically creating, trying to create an atmosphere which was aimed at trying to break me down".

Excerpt: Liz describes her particular distress towards Jack's soiling behaviour:

"That was extremely challenging with Jack, and physically exhausting, and I caught him many times (...) *going on the seats and ...* [demonstrates rubbing bottom on seat] *... and moving from one seat to the other, to other, to the other like when an animal marks its own territory,* (...) *sometimes he did it on purpose ...".*

Excerpt: Faith described throughout our time together a feeling of being punished by Eva for letting her go to her adoptive placement:

"... it was about her punishing me again (...) *she would just stand there and go like that* [demonstrates pulling her hair] *and watch you in the eye to see your reaction".*
LF: Uh huh. What do you think she was looking for when she was looking at you and doing the hair pulling?
{... 2 secs} *"I think she was looking for my reaction,* (...) *and the hurt, she was wanting to hurt me".*

Although foster carers described feeling some behaviours were personal, they did not always experience it as the child being intentionally challenging:

Excerpt: Betty:

"... he used to smear. Which was a huge shock at the beginning. [okay] (...) *and although it's not a personal thing, and I do know that, it feels personal.* [Hmm mm] (...) *and that was one of the hardest things to deal with".*

5.2.2.2. Personal impact

Understandably, all eight foster carers described experiencing personal distress in relation to the difficult behaviour the children they cared for sometimes presented them with. The personal impact ranged from feeling traumatised to feelings of exhaustion due to the intensity of their experiences with the child and the time spent in each other's company. Additionally, foster carers described their distress of witnessing the harm the children caused themselves.

Excerpt: Cathy:

"Em, I think it's been quite traumatic. [okay]. (...) *I was a children's worker, eh, for a domestic abuse programme before I started and had a lot of experience of working with traumatised children but, em, having one in your home 24/7 is a different experience".*

Excerpt: Rose describes her negative experience of getting into dialogue when trying to manage difficult behaviour:

"... they have the ability to make you start doubting yourself and whether I'm actually, am I sane? [laughs] *or you know".*

Excerpt: Rachel:

"The biggest aspects that I found difficult to manage with Sam were, eh, he for six years old, and eventually seven years old, his language was very, very abusive and demeaning".

Excerpt: Cathy, describing the distress she felt when feeling she did not respond well to difficult behaviour:

"...what I found really difficult, is like, Ella could be lying on the floor kicking, screaming bucking, chucking stuff and all the rest of it and I would get myself upset, angry, wound up whatever quite emotional about it ...".

For some (Donna, Cathy, Liz, Emily) distress was, at times, related to feelings of exhaustion, which was particularly true for those caring for children who presented with sexualised behaviour:

Excerpt: Cathy:

"Ella was suspected of having either been sexually inappropriate with her sister or her sister being witness to her sexualised behaviour so we had to supervise them constantly (...) *the intensity of what you're doing on a daily basis ... was exhausting".*

Excerpt: Emily:

"It's, it's being vigilant 24/7. It's exhausting because there's never a break from it ...".

Four foster carers described their experience of distress being related to connecting with the child's distress, whether that be in relation to their history or their current behaviours:

Excerpt: Emily:

LF: How does the sexualised behaviour make you feel?
"Uncomfortable but this is the first case we've had when it's been so blatant and in your face (...) *it's very, very hard to read the report and speak to* [therapist] (...) *you dinnae want tae, you dinnae want tae believe these kind of things have happened to her".*

Excerpt: Donna:

"... There was points that the pair of us would just in the room and we would sit and cry together, do you know what I mean? 'Cause it was just I mean you really kind of felt it for him"

Behaviour that was self-injurious, which was highlighted by three foster carers, was described by Faith and Rose as particularly distressing for them:

Excerpt: Faith:

"...she went through a stage of pulling her hair out and that, oh God, that one was just [blows out of mouth] *that just hit me, I was like 'oh no!'* (...) *that's how distressed she was and you were like 'what do I do?'* (...) *she knows it shocks me".*

Excerpt: Rose:

"She did this before, things like pulling her nails, toenails off and picking around the edges of her fingers (...) *I feel quite upset about it because I don't want her to harm herself".*

5.2.2.3. Hopelessness

Three foster carers described feelings of hopelessness in relation to the behaviour that their child presented with. Questioning their ability and feeling responsible for and defeated by the child's difficult behaviour was highlighted. The three foster carers who described feelings of hopelessness had experienced the placement ending (Rachel and Betty), or where in the process of planning the end of placement (Emily).

Excerpt: Rachel:

"Like a failure, (...) *and you think 'oh, this child is so exhausted by his outburst and I've not managed to help him contain it or anything like that, am, am I doing something wrong?'".*

Excerpt: Betty:

"I think I had the feeling, 'I can make this better', (...) *now I have no such high expectations* (...) *you can't cure them. If they manage to come through the other end of this by themselves as productive adults then you've played your part in this but you can't expect it to happen".*

Excerpt: Emily questioned the contribution she was able to make:

"...cause a lot of the time you think (...) *nothings working,* (...) *I feel that I'm not able to do any pieces of work because there's too much that goes on in this house".*

5.2.3. Main category – The Relationship

The fifth and final main category to emerge involves 'The Relationship'. All eight foster carers described having positive feelings towards the child in their care, in spite of the difficult behaviour they faced. Recognising the behaviour was not representative of the "whole child" allowed for the relationship to develop, with foster carers describing feelings of dedication to the child and seeing them as part of their family. A sense of connection and the child feeling 'special' to the carer was often described by foster carers who shared their experience of a positive relationship with the child they cared for.

5.2.3.1. Looking beyond the behaviour

Looking beyond the behaviour and acknowledging that the behaviour did not define the child was indicative of the relationship that had developed and was described by Rose, Rachel and Betty:

Excerpt: Rose:

"There is so much more to Olivia than her always having a sore finger, a sore eye, a sore toe. She is, she is a beautiful singer (...) *she's got so many gifts..."*.

Excerpt: Rachel:

"... it's not the whole person, and he was a really lovable wee boy ...".

Excerpt: Betty:

"... there's such a lovely side to him, he's such a wonderful boy, kind, feeling laddie em, and not everybody got to see that".

5.2.3.2. Dedication

While sharing their experiences of distress in relation to the behaviours that they were faced with on a day to day basis seven foster carers emphasised the point that no matter what the behaviour was they still cared deeply for the child and valued the relationship that had developed:

Excerpt: Liz:

LF: has your relationship been affected in any other way ... due to the behaviour would you say?
"No, no I am as dedicated to him and as committed as ever".

Excerpt: Faith:

"Yes, she is part of the family and that's never ever going to change ... and I say that to her constantly, (...) *it doesn't matter what she does 'cause I know she's going to be a pain when she's a teenager,* (...) *I says I'm prepared for that, and I accept that, I says 'cause I'll never give up on her"*.

Excerpt: Donna

"...it hasn't been an easy ride, (...) *but, yeah the relationship has changed because yeah we've kind of grown"*.

The emphasis on caring deeply for the child despite their behaviour was also described by two participants whose placements ended:

Excerpt: Rachel:

"... when Sam left here the next placement broke down (...) *and I offered to take him back but only if they left him here permanently* [okay] *because more than ... above everything else he was a wee boy who wanted to be claimed and he was a really lovable wee boy regardless of all the negative behaviours".*

Excerpt: Betty:

"Em, but I did love him, and I still love him, em, because that wasn't all he was".

Three foster carers reported reaching breaking point due to the difficult behaviour before ending the placement was considered. This was never described as an easy decision due to their feelings of commitment:

Excerpt: Emily:

"... I've invested nearly two years and I mean when she came here she couldnae write her own name now she can read and write (...) *she understands so much more about the world* (...) *she's changed in loads of ways but she's also not changed in the key bits, kind of stuck,* (...) *I think that's how I'm burnt out because I wait too long to say 'och I canny keep this up' cause I dinnae want to give up on anybody* (...) *and I know that they're damaged by moves so why would I encourage more moves unless I really, really, really have to? But nowadays I remember that I have to think about my family as well and if it's damaging my family...".*

5.2.3.3. Family

All eight foster carers shared their experience of providing the child in their care with a sense of family, which for four foster carers (Rachel, Cathy, Rose and Betty) described as feeling 'love' for the child:

Excerpt: Rose:

"I'm there to provide the love and the care and the nurturing that she's been denied".

Excerpt: Cathy:

"I'm happy that she feels that she's got a mum and a dad now, and its obviously really important to her (...) *I'm aware it's a huge responsibility".*

Excerpt: Faith

"If someone says how many children have you got?, I say I've got four (...) *I'm Eva's mum, she's my daughter".*

Excerpt: Liz:

"I consider myself, the three of us are a family".

Excerpt: Donna:

"Charlie is treated as one of the family".

Excerpt: Betty:

"I love him. He was like my fourth son. [Yeah] *You can't have a child that long and not care, em, deeply about them.* (...) *I expected to have him for the rest of his life.*

Part of being in a family was also to learn to trust in the relationship:

Excerpt: Rose described Olivia trusting in their relationship:

"... she trusts us enough to have the hissy fit's, as we put, as we call them, em, and know that we still love her and care for her and that she's not going anywhere".

Negative Case

The only negative case in this category was Emily who felt that Hannah's difficult behaviour had stood in the way of them developing a close relationship:

Excerpt: Emily:

"However much you try not to let it affect your relationship it does because if you're constantly worrying about what she's going to do to somebody else, (...) *Hannah's the blank face a lot of the time so you dinnae get the... and I'm a maternal person so I kind of want something back and dinnae always get it".*

5.2.3.4. A connection

Shared by five foster carers was the sense of connection to the child. Often this was difficult for the foster carer to describe and was described in different ways:

Excerpt: Faith:

"... she's the only one that's ever got me like that (...) *and a lot of carers will say that actually there's always one child that gets under your skin* [Yeah] *and Eva's my one".*

Excerpt: Cathy:

"I think Ella and I we've got a very, very strong, em, relationship we're very, very close".

Excerpt: Betty:

"*... there was just something special about him".*

A connection between carer and child was also described by the foster carers through their descriptions of interactions:

Excerpt: Donna:

"... when he actually goes somewhere he can kind of come and stand close and almost, em you know, when you kind of see a toddler playing on the floor and kind of looking almost for reassurance that you're still there, kind of thing, you get that a lot from Charlie. He'll actually look to, to and you can just do a little nod and a little smile and he'll kind of carry on then with what it is he is actually doing".

Excerpt: Rose:

"There was another day just recently as well and Olivia she'd had quite a hard day and (...) *we sat on the sofa* (...), *and the two of us had a wee snuggle and we chatted* (...) *that night she came and said 'thank you mummy for that',* (...) *and I said 'thank you for what?' and she said 'just thank you for you and me'".*

6. EXTENDED DISCUSSION

This chapter presents additional information regarding interpretation and discussion that was not included in the previously presented journal article (Chapter 2).

6.1. Study Strengths

To the author's knowledge, this study is one of the first to investigate foster carers' subjective experience of difficult to manage behaviour in the children they care for, in light of their attachment characteristics. The use of a mixed-methodology provided additional triangulation to the findings.

The current research provides an insight into the lived experiences of foster carers who have experienced caring for a child with difficult to manage behaviour, and has allowed for emerging themes to be considered in light of their attachment characteristics and the existing literature. The foster carers who took part ranged in age, years experience, familial situation and described their experiences with boys and girl (four boys and four girls). The findings add to the limited literature base of foster carers' experience of difficult behaviour and highlights preliminary hypotheses regarding the importance of reflective thinking and understanding in making the experience of caring more bearable. Through a grounded theory approach this study has attempted to do what foster carers described doing: take a reflective stance to understand what it is like to foster a child who presents with difficult behaviours and then explore what we (clinicians and researchers) need to hold in mind and *do* in order to make the experience endurable in order to maintain the child's placement.

6.2. Additional Study Limitations

Due to a number of constraints, primarily time and resource related, there are limitations to the current study. It was not possible, due to the aforementioned reasons, to fully realise theoretical sampling and saturation. Consequently, it is possible that had further interviews been carried out further categories, and/or refinement of existing categories and subcategories, may have emerged.

A second limitation relates to the measures used in this study. The use of the RSQ as a measure of attachment characteristics could be considered a limitation due to the fact that it is a self-report measure, open to reporting bias (i.e. social desirability bias). It is also a descriptive measure that captures only the individuals' conscious awareness of attachment cognitions and behaviour. It is possible therefore, that it the RSQ may not accurately represent the attachment styles of the participants in this study.

Ideally the GT researcher should be unfamiliar with the research topic in order to minimise the influence of hypotheses already specified in the literature, on the collection and analysis of data. This was not wholly possible in this study due to the researcher's clinical and academic experience. An emphasis on researcher reflexivity aims to minimise this dilemma (Charmaz, 2006; 2008; Payne, 2008) and is a central process in GT.

A final study limitation is the fact that the researcher did not re-interview foster carers (a method of validation) in order to clarify findings and amend any aspect of the analysis they did not feel represented their experiences. The absence of this method of validation was due to time constraints, and would likely prove beneficial in future research for added triangulation of findings, in addition to the inclusion of cross-validation through multiple coding by a variety of researchers.

6.3. Reflections on the Research Process

As a novice grounded theorist I felt, at times, overwhelmed by the task that lay before me. With a great deal of support, and reading, I am now in no doubt it was the right methodological approach to follow, but I can't deny it was a steep learning curve. What I appreciated most about the research process was the opportunity to listen, from an open and curious stance, to the foster carer's experiences with the children in their care. I often left the interviews feeling moved and privileged to have been trusted with the foster carers' emotional stories of the highs and the lows, the laughter and the tears and the dedication they had to the children in their care, and their wish to provide them with the safety and security that was all too often lacking in their past. Throughout the process, I felt pressure (somewhat self-imposed) to remain grounded in the narratives of the foster carers and to remain true to their experiences.

Particularly helpful during the research process was the emphasis on taking a reflexive stance. Through memo writing I was able to begin to see how the foster carer's experiences overlapped and converged at different points to create themes, but at the same time acknowledge the unique qualities of each individual's experience. It also encouraged me to reflect on how my position, both professional and personal, influenced my interpretations. From the outset I approached the research with a hope to provide foster carers with an opportunity to be heard, this was important to me. I believe this connects to my experience of working with looked after children and their foster carers, in addition to the fact that I am the daughter of a looked after child. I am aware, as a result, I hold foster carers in particularly high regard. Due to my potential bias, I consistently made a conscious effort to represent a balanced view of participants narrative in order to represent the different views and position of foster carers in this study.

Undoubtedly, by adhering to a qualitative methodology I was able to collect richer data than would have been possible from a purely quantitative method. Overall, in spite of the exhausting, labour intensive process, I was continuously engaged and interested in the research, and actually came to enjoy it!

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8. APPENDICES

8.1. Appendix 1: Journal Style Guidelines - Adoption and Fostering (SAGE guidelines)

SAGE UK Style Guide

Version UK3/August 2011

CONTENTS

2. Article opening material

2.1 Headings

1. Headings should have an initial capital with everything else lowercase, unless proper names.
2. Italics can be included in A heads (H1) if needed, e.g. mathematical symbol or genus name.
3. Headings are unnumbered and formatted as below.
4. Where headings are referred to in the text use section names, as headings are not numbered.

A head (H1) (bold with initial cap, all the rest lowercase)

Introduction

The mucosa of the small and large intestines is the largest reservoir of tissue macrophages (Mϕ) in both humans and mice.[1] Although Mϕ possess various

B head (H2) (italic with initial cap, all the rest lowercase)

Human samples

Human specimens of normal large intestine were obtained from normal tissues of three patients with colon cancer who had their large intestine resected for

C head (H3) (same as B head, but set as first line of paragraph, full out; italic with initial cap, all the rest lowercase, followed by a full stop. Following text runs on)

Single nucleotide primer extension. The PCR product from bisulfite-treated genomic DNA was cleaned with ExoSAP (USB) prior to SNuPE reaction. For calibra-

Headings for Abstract, Keywords, Funding, Acknowledgements, Conflict of interest (in that order), References, Appendices are same as A head but smaller font size

Acknowledgements

We thank Dr van Lookeren Campagne (Genentech) for providing blocking mAb against CRIg (clone 14G8) and isotype control mAb (anti-ragweed).

(CEs: where a template is being used there is no need to format these. Where no template is being used, please format as bold/italic, but there is no need to mark the font sizes, TS will format.)

2.2 Article types

Where a journal displays article types, these should appear on the first page of each article, left aligned above the horizontal rule, and in italics.

General technical or research papers should be classified as *Original Article* (with uppercase initial caps) for STM, and *Article* for HSS. (Check with the PE, as there is some variation between journals.)

Other usual paper types are as follows: *Review Article*, *Case Study*, *Technical Note*, *Case Report*. Individual journals may also have other paper types, as agreed with the Editor. Where no particular convention has been agreed, *Original Article* should be followed for STM, and *Article* for HSS.

2.3 Article title

Please format with an initial capital only and remaining words lower case, unless proper names. Italics can be included where necessary (e.g. genus name). Run on subtitle after colon, with initial capital after colon.

2.4 Author names, affiliations, and corresponding address

Authors

List authors in the order that they appear on the manuscript. Authors' first name should be in full, middle names should be initials *without* full stops (e.g. Simon PS Sharma) and no spaces between multiple initials. No series comma before the 'and' before the final author name.

Affiliations

Affiliations should contain only the following: department *or* faculty, institution, country. Some HSS journals may have institution and country only. Do not include titles, positions, qualifications, street names, or postcodes/zip codes. Affiliations should *not* end in a full stop.

STM: author names should be annotated with superscripted numbers (CE: do not use automated endnotes against names and affiliations). If all authors are at the same affiliation no superscript numerals are required. Affiliations appear separately with the corresponding address at the bottom of the right column (see next page):

Mark A Creager[1], Reena L Pande[1] and William R Hiatt[2,3]

HSS: affiliations should directly follow each author name, as follows:

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Multiple affiliations are separated by a semi-colon.

Corresponding author

The affiliations and corresponding author information is positioned as follows:
Bottom of the right column on the first page of each paper, separated from the text with a horizontal rule (some exceptions apply for specific journals).

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STM: Affiliations and corresponding author details should appear as follows, bottom of right column.
HSS: corresponding author appears in the same position, minus the affiliations.

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Please remove any fax or telephone numbers, titles (e.g. Dr, Professor), positions (e.g. Senior Lecturer).

Please note: 'Email' with cap E and without hyphen. Email should start a new line. There *should* be a full stop after the country in the corresponding address.

Affiliations and corresponding address text should be left aligned, not justified, to avoid irregular spacing between words.

2.5 Abstract and keywords

Abstract should appear in bold without a colon, text should start on the next line, with no indent.

Keywords (all one word) should appear in bold without a colon. The keywords should start on the next line, separated by commas only, not semi-colons. The first keyword should have an initial cap.

Abstract
Anaphylaxis related to drug therapy with 5-HT3 antagonists, in particular, palonosetron has not been reported frequently in the literature. Here a case is presented where the patient possibly had an anaphylactic reaction to palonosetron. In this case report, a 40-year-old female with ovarian cancer developed shortness of breath and hypotension after receiving her palonosetron as part of her premedication for chemotherapy. The patient recovered successfully with fluids and supportive care. This case demonstrates that even after successful treatment in the past with palonosetron a patient may later develop a hypersensitivity to the agent.

Keywords
Palonosetron, anaphylaxis, hypersensitivity, 5-HT3 receptor antagonist

In some journals, Abstracts have sub-headings, e.g. Methods, Conclusion etc. These should be formatted in bold with a colon in bold and each sub-heading should start a new paragraph. The text should run on after each heading with an initial capital.

Submitted/accepted dates
For journals that publish received/revised/accepted dates (applies to specific journals, if unsure please check with the PE), this should appear after the Keywords and be formatted thus:

Date received 29 July 2010; reviewed 30 August 2010; accepted 5 November 2010

Keywords
H5N1, apoptosis, TRAIL, caspase-10

Date received: 30 March 2011; revised: 19 April 2011; accepted: 28 April 2011

2.6 Running heads

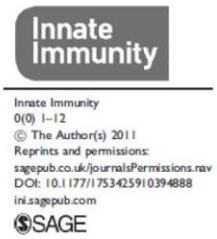
Recto: should be author surname(s), e.g. *Smith*, or *Smith and Jones*, or *Smith et al.* (for three or more authors, and et al. is also in italic).
Verso: full journal title in italic, followed by 0(0).
For IMechE journals: e.g. *J. Automobile Engineering 0(0)*, without the Proc. IMechE or journal letter).

Innate Immunity 0(0)

3. General style and layout

3.1 Logo and imprint box

All papers in the standard SAGE design will have a journal logo in the top right with an imprint box underneath (although the logo may be missing on journals that are new to the SAGE design). The imprint box will contain the following information: journal name, vol/issue/page numbers (for papers in production, vol/issue are represented by 0(0), page numbers are the number of pages in the PDF, e.g. 1–9), copyright line, link to permissions web page, DOI, journal URL, SAGE logo:



3.2 Figures

1. STM: All figures should have a key line (i.e. be enclosed in a box). HSS: figures have no key line.
2. Figures should be appropriately sized (done by the TS). They do not need to be a full column width or page width.
3. Figure permissions: any figures reproduced from another publication need permission. In cases where those publishers listed on the STM permission Guidelines page (http://www.stm-assoc.org/permissions-guidelines/), permission is not required and only the reference number need by present in the caption. Some publishers ask for certain text, e.g. Elsevier.
4. Source: in cases where permission is required and has been obtained, this should appear below the caption in the following form: Source: reproduced with permission from publisher, year, reference number (Vancouver), author, date (Harvard).
5. Any abbreviations needing to be spelled out should be listed after the caption, starting on the next line, in the following format: IC: internal combustion; PID: proportional–integral–derivative).
6. Captions are positioned below the figures and left aligned.
7. Captions should start, for example, **Figure 1.** (with a full point also in bold) and have a full point at the end. Where the text runs onto multiple lines, the captions need not be justified but should be aligned left.
8. Where figures have multiple parts, these should be labelled as (a), (b), (c), etc. (not A, B, C). Captions should contain subheadings for all parts if not present in the figure itself.
9. All figures should be numbered consecutively and cited in the text as Figure 1, Figure 2 etc. (Figure should be spelled out in full, not abbreviated).
10. Text citations: figures should be referenced in the text as follows: Figure 1, or Figures 1 and 2, or Figures 2 to 4, or Figure 1(a) and (b), or Figure 2(a) to (c). Where the figure citation is not part of the sentence it should be placed in parentheses.

Examples: Please see Figure 2 for an illustration of the model used The model used was an X3G standard type, exported from Germany (Figure 2 or see Figure 2).

3.3 Tables

1. Tables do not need to be a full column width or page width, but should be the appropriate width for the content. They will be laid out by the TS so no work is required by CEs on table layout, only on content.
2. Table headings should be left aligned, even when they relate to multiple columns, unless this creates confusion.

3. Tables should only have minimal horizontal rules for clarity, and no vertical rules (done by TS, no need for CE to format).
4. All tables should be numbered consecutively and cited in the text as Table 1, Table 2 etc. (Table should be spelled out in full, not abbreviated).
5. Table permissions: any tables reproduced from another publication need permission. In cases where those publishers listed on the STM permission Guidelines page (http://www.stm-assoc.org/permissions-guidelines/), permission is not required and only the reference number need by present in the caption. Some publishers ask for certain text, e.g. Elsevier.
6. Source: in cases where permission is required and has been obtained, this should appear below the table in the following form: Source: reproduced with permission from publisher, year, reference number (Vancouver), author, date (Harvard).
7. Any abbreviations needing to be spelled out should be listed under the table (smaller font, TS will format), in the following format: IC: internal combustion; PID: proportional–integral–derivative.
8. General notes to the Table should be positioned below the Table, typeset in a smaller font and should start 'Note:', and end in a full stop. Do *not* add the word 'Note:' unless needed for clarity.
9. Footnotes should be represented in the table by superscript letters [a], [b], [c], etc., and appear below the Table (smaller font, TS will format). Each footnote should start a new line and end with a full stop. These notes should precede the source for the table, if included.
10. Captions are positioned above the table and left aligned.
11. Captions should start, for example, **Table 1.** (with a full point also in bold) and have a full point at the end. Where the text runs onto multiple lines, the captions need not be justified but aligned left.
12. Dates in Tables can be shortened to, for example, 4 Dec 10, if space is lacking. Do not use the form 04/12/10, as this could be confused as 12 April in US.
13. Normal text in columns should always be left aligned. Data in tables should be aligned on units if all the data in that column take the same units. Otherwise, the data should be left aligned. Units in table headings should be enclosed by parentheses, not square brackets (if any brackets are required at all).

3.4 Lists

1. For lists where items are not full sentences, use (a), (b), (c) etc. or bullet points (whichever is more appropriate) and separate items with semi-colons. Start list with a preceding colon and end list with a full stop.
2. For lists where items are full sentences or multiple sentences, use 1. 2. 3. Start list with a preceding full stop or semi-colon (whichever is more appropriate), and end list with a full stop.
3. List numbering/bullets should be full out and left aligned, with text indented and aligned. Lists should be separated from preceding/following text with a line space.
4. Where list items include headings, that heading should be italic, same size as text and end in a full stop. The following text should run on.

3.5 Maths/equations (see section 5, p. 14 for more details)

1. Equations should be left aligned with a 3 mm indent, *not* centred.
2. Equations can be broken at operator symbols (x, -, +, etc.), and continue on the next line, starting with the operator itself.
3. Equations should be separated from text above and below by at least one line space.
4. Any equation numbers should be enclosed in parentheses and right aligned, and aligned horizontally with the bottom line of the equation or equations, where multiple terms are covered by one equation number. (Not all equations need be numbered, see section 5).

General note: text following Figures, Tables, equations does not need to be full out with no indent. If the next block of text after any of these items is a new paragraph, then this may be indented.

3.6 Appendices

Maths notation list

1. Where present, notation should appear as Appendix 1, following the references. The heading *Notation* should be a B-head (not Notations; it is not plural).
2. Abbreviations list should be separated from mathematical notation under a separate B-head *Abbreviations*.

3. Notation should be listed in alphabetical order, English letters first, followed by Greek, followed by numbers, followed by symbols.
4. Subscripts and superscript should come under a separate C-head (italic and smaller font), and symbols should follow the same order as in point 2 above.
5. The Notation section does not need to be cited in the text, like other Appendices.
6. Notation list should be left aligned. Text in the notation section should be left aligned in general, not justified.
7. Please note that a notation list is not compulsory in mathematical papers, as long as all symbols are defined in the text.

Other appendices

1. Numbering of figures/tables/equations in Appendices should follow on from the numbering in the text.
2. All tables/figures should have captions.
3. All appendices should be cited in the text, e.g. (see Appendix 1). If they are not cited, authors need to be queried for a citation position.

3.7 Notes and footnotes

Textual notes

HSS

References: Vancouver style reference citations are represented as textual notes, as a numeral enclosed in a square bracket. Harvard style references are as follows (Smith, 1999).
Any other textual notes: are indicated by a superscript Arabic numeral placed *after* the punctuation. All textual notes should be collected and placed after the text and before the reference section with the heading **Notes**.

STM

References: Vancouver style reference citations are represented as textual notes, as a superscript Arabic numeral. Harvard style references are as follows (Smith, 1999).
Any other textual notes (whether references are Harvard or Vancouver) are indicated by a superscript Arabic letter and the corresponding footnote appears at the bottom of the relevant column.
In STM journals, footnotes should be edited into the text if appropriately and easily incorporated. However, please leave footnotes if this is not possible.

Authors' biographical notes

These should appear at the end of the paper with the heading **Author biography** (or **biographies**), in same font size as References/Funding etc. heading. Follow journal style.

3.8 Book reviews

Please check that the book details are given in this format at the top of each review.

Author, *title*, publisher: place, date of publication; 000 pp.: ISBN, price (hbk), ISBN, price (pbk)
Editor(s) (ed[s].), *title*, publisher: place, date of publication; 000 pp.: ISBN , price (hbk), ISBN, price (pbk)

4. Spelling, punctuation and formatting

4.1 Author style/voice

We will endeavour to keep the author's voice as much as possible:

1. Some authors write in the first person. CEs please note that we will *not* be taking articles out of the first person into the third person.
2. Where American authors have used American spellings, we should also endeavour to keep the author's grammar/punctuation, e.g. closed em-dashes instead of spaced en-dashes, single quotation marks within double, series comma etc.
3. Where UK authors have used –ise spellings throughout their papers in a consistent fashion, please do not change. Where there is inconsistency, use -ize.

4.2 General spelling rules

The general rules are as follows:

- UK spellings should be followed for European articles (-ise is acceptable)
- US spellings should be followed for North American articles
- Rest of the world – follow author style but make it consistent
- Canadian spellings should be standardized to UK or US, depending on author preference
- The following list shows some common exceptions to the '-ize' rule:

Samples							
advertise	arise	devise	enfranchise	expertise	merchandise	promise	surmise
advise	chastise	disenfranchise	enterprise	franchise	misadvise	reprise	surprise
affranchise	circumcise	disguise	exercise	improvise	premise	revise	televise
apprise	comprise	emprise	excise	incise	prise	supervise	treatise

Note also: analyse (for UK), catalyse, dialyse, paralyse.

Do not mix English and US spellings. Some common US variations in spelling:							
analyze	color	favor	fulfill	labor	license (noun)	program	traveler/traveling
behavior	counseling	fetus	gray	mold	pediatrics	practice (verb)	willful

Follow author style regarding use of the possessive's for proper names ending in s. However, 's is not used for classical names, e.g. Socrates' philosophy.

The following books are recommended: *Hart's Rules*; *Fowler's Modern Usage*.

4.3 Punctuation and formatting

Commas

- Follow author style but make consistent
- Oxford or series comma are not generally used; only use an Oxford/series comma if essential for clarity

Parentheses

These can be used throughout. Double sets of parentheses are acceptable, e.g. (see Figure 2(a)). Do not use square brackets in the text, except in the following circumstances.

Square brackets are used only to enclose an author's comment within a quote, e.g. [sic], [emphasis added]. Square brackets are also used for equations and mathematical expressions within the text.

Quotes

Use single quotes, with double quotes within quoted material. (See section 4.1 for exceptions for articles written by US authors.)

Hyphenation

The basic rule is to follow author style but be consistent.

Use of upper and lower case

Check the author's usage first, and make consistent. For specific titles use initial caps, for generic titles use lower case (useful pointers follow):

Institutions, movements, denominations, political parties:

- the Roman Catholic Church
- he has catholic tastes
- They were Bolsheviks
- bolshevism, communism

Titles, ranks:

- the President (referring to a particular one)
- the Spanish Foreign Minister
- a president
- several government ministers

Geographical names:
Capitalize politically defined or geographically named places, use lower case in all other instances.

- the West, the East
- western values, eastern culture
- South Africa
- the south of Scotland

Periods, events:

- Second World War
- rationing during the war

Article and book titles:
Follow the style used in the references.

Roman and italic usage

- Anglicized words should be roman with no accents (common examples follow):

Samples			
ad hoc	coup d'etat	laissez faire	post mortem
a priori	de facto	nouveau riche	raison d'etre
a propos	elite	op. cit.	sine qua non
avant-garde	en masse	per annum	status quo
bona fide	en route	per capita	vice versa
bourgeois/bourgeoisie	et al.	per se	vis-a-vis
cafe	in situ	post hoc	

- Words in other languages – follow author style and make consistent.
- Keep author's own emphasized words or phrases (in italic), unless excessive.
- General: usual italic rules applies, e.g. genus, species, relevant mathematical symbols, *x*-axis, *y*-axis, journal/book/magazine names, etc.

Quoted text
Spellings and punctuation in quoted texts should not be altered. If they are obviously incorrect, query with author or insert [sic].

Undisplayed quotes:
Short quotations should be indicated by single quotation marks, with double quotation marks for quotation material within the quote. A full point (or other punctuation) follows the reference for the quote, e.g. '... is the most decisive and important' (Smith, 2003).

Displayed quotes:
Lengthy quotes (40 words or more) should be displayed and indented, with a line space above and below, separating it from the text – follow journal style. Font size will be smaller (TS to format).

Money
For currency use the common symbol or abbreviation: £, US$, AUD$, etc. – where the quantity is stated, but not when the unit of currency is being referred to in general terms, examples follow:

- The price of oil rose to US$25 per barrel.
- The US dollar was at an all-time low.
- £150m, *not* millions or mlns.

Units in the text

1. Where units are referred to in the text in general terms, they should be written out in full.
2. Where a specific quantity is used, the abbreviated form of the unit must be used; e.g. the nails were several centimetres long; the nails were each 2 cm in length.
3. Always use numerals with the abbreviated unit and use abbreviated units wherever possible – in lists of statistics, in tables and line artwork.
4. Numeral and units should be separated by a thin space, i.e. 100 km, not 100km (this does not need to be indicated by the CE, the TS will format, PR/PE to check). NOTE: exception to the thin space rule applies for percent and degree symbols, i.e. 90% and 35.7°
5. Abbreviations of units are the same for singular and plural (do not add an s); they do not take a full point. E.g. 25 min, 55 s
6. Use SI units wherever possible (see specific Journal webpages for more specific notes).

Numbers

1. Spell out numbers one to nine; for numbers 10 and over use numerals, except at the beginning of a sentence. Re-work the sentence if necessary.
2. Use numerals with percentages (use the % symbol, not per cent or percent), with units, in statistical passages, in tables, etc.
3. Spell out and hyphenate one-half, two-thirds, etc.
4. Do not use a comma in 4-digit numbers (thousands) but do use one in 5-digit numbers (tens of thousands) and above, e.g. 5643; 1298; 14,600; 342,885; 1,000,001. Do *not* use a thin space.
5. Do not contract number ranges, e.g. page ranges and dates; i.e. use pp. 24–29, 13–15 October, 1981–1999 etc.
6. Decimal points are never raised off the line.
7. Do not mix spelled-out numerals and units: 6 cm not six cm.

Dates

1. Write out dates in text and refs as follows: 30 September 2003, except in Tables if space is short, then a shortened version may be used, e.g. 11 Sep 08 (do not use 11/9/08, as this could be confused in the US as 9th November).
2. Do not use an inverted comma in decades, e.g. 1960s, mid-1930s. Avoid 80s, etc.
3. Use numerals for centuries (except in history journals where it is spelled out), e.g. a 21st-century dilemma.

4.4 Abbreviations

General

1. Do not use abbreviations in the title of a paper, in the abstract, or keywords, unless the full version is very long and clumsy or the abbreviation is better known than the full term (e.g. DNA). Abbreviations may be used in headings and subheadings if they has already been defined previously in the paper at first usage. If in doubt, spell out.
2. Define an abbreviation the first time that it is used (except in the Abstract): write the term out in full followed by the abbreviation in parentheses. Use the abbreviation consistently thereafter, including at the start of sentences.
3. For plural terms, use plural abbreviations, e.g. low-density lipoprotein, LDL; low-density lipoproteins, LDLs.
4. If you need to abbreviate months or days of the week (for example, in a crowded table), use the first three letters without a full-stop (Mon, Tue; Jan, Feb).

5. If abbreviations are used in a figure or table, they must all be defined in the caption or in a Table note/footnote even if they are also defined in the text.
6. Do not use abbreviations invented by the author of a paper for that paper – ideally, only conventional, generally accepted abbreviations should be used.
7. Do not abbreviate single words (exceptions apply) or use two-letter abbreviations other than those listed below. (Two-letter engineering abbreviations are available in the IMechE Style Guide supplement).
8. Abbreviations consisting of capital letters, and acronyms and contractions, should not take full points, e.g. USA, UK, MA, UN, WHO, PhD, NATO (or Nato), UNESCO (or Unesco), AD, BC
9. Unfamiliar (but generally accepted) abbreviations should always be written out in full when first mentioned, with the abbreviated form following in parentheses, e.g. "The Confederación Española de Derechas Autónomas (CEDA) was formed". Thereafter use the abbreviation.
10. Contractions do *not* take a full point, e.g. Mr, St, Ltd, edn, Dr, neither do contracting degrees (Dr, DPhil, PhD, MSc). The following abbreviations take full points: no., Co., p., pp., vol., ch. (but use vols and chs), e.g., ed. (but use eds), et al., etc., i.e., cf., (note that this means 'compare' and not 'see'), n.d.
11. No comma after e.g., i.e. or cf. Etc. has a full stop and is usually preceded by a comma in a list. They may be used in lists or figure or table legends, and within parentheses.
12. In reference lists, notes, footnotes, corresponding author address (if required) and authors' biographical notes, please use the standard abbreviated form for American states (and Canadian/Australian territories). Please spell out in full in the text (see section 7.3 for full list of US state abbreviations).

Some journals use abbreviations that do not need to be spelled out, even at first usage. For a full list of abbreviations that do not need to spelled out for each individual journal, please visit the journal webpage.

STM abbreviations: some abbreviations of terms that we do not define in full are listed here (follow style given):

- SD = standard deviation
- SEM = standard error of the mean
- NS = not significant
- a.m. in the morning (but use 24-hour clock if possible)
- p.m. in the afternoon
- N/A = not applicable
- Chemical symbols (H_2O, H_2SO_4) may be used without definition. However, write in full unless this is inappropriate (e.g. 'Water consists of hydrogen and oxygen'; 'Nitric oxide is also found in peripheral nerves'). Refer to *Scientific terminology* notes for further guidance.

See the Appendix (pp. 26 and 27) for a full list of accepted general two-letter STM abbreviations and engineering abbreviations.

5. Technical content: maths, equations, etc.

5.1 Maths notation convention

There is no specific convention for mathematical notation in terms of matrices, vectors, variables, operators, functions, subscripts, superscripts and scalars. CE please follow the author's symbols and notation conventions, ensuring that these are consistent throughout the paper.

Please query the author if any symbols are unclear, duplicated with more than one definition, or undefined.

5.2 Equations

Layout of equations

1. Equations should be left aligned on a 3 mm indent, *not* centred.
2. Equations should be numbered in sequence throughout the text, with the numbering continuing through all appendices. However, equations only need to be numbered if cited in the text, and not all equations necessarily need to be numbered.
3. Equation numbers should be set flush right and in sequence. Each numbered equation should have its own line.
4. No punctuation is used before or after an equation (i.e. no commas, colons, hyphens etc.)
5. The equation number should align with the *bottom line of equation*. Where the equation number covers multiple equations, it should align with the bottom line of the last equation.
6. When referred to in text, equations take the form 'equation (1)'. When a range of equation numbers is referred to, use the form: equations (1) and (2); equations (1) to (3); equations, (1), (2), and (5) to (7).

With the assumptions outlined previously, conservation of momentum and the definition of velocity change gives

$$m_1\boldsymbol{u}_1 + m_2\boldsymbol{u}_2 = m_1\boldsymbol{v}_1 + m_2\boldsymbol{v}_2 \quad (1)$$

$$\Delta\boldsymbol{v} = \boldsymbol{v} - \boldsymbol{u} \quad (2)$$

Equations (1) and (2) lead to

$$\Delta\boldsymbol{v}_1 = -\Delta\boldsymbol{v}_2 \frac{m_2}{m_1} \quad (3)$$

A diagram showing a generalized impact configuration

7. If two or more small equations or conditions can fit on one line, then they should be well separated with a 2-em space. Commas and words, set upright not italic, may be used to enhance clarity.
8. Equations in text must be reduced to one line depth. Display equations are built up to two line depth. For instance, the equation $(x - y)/(x^2 + 2y - 3)$ runs on in the text but for display becomes
$$\frac{x - y}{x^2 + 2y - 3}$$
9. CEs: Spaces between + and – and other operators need not be marked. TS will format.
10. Unless separating small equations and conditions, as shown above, odd words between equations such as 'where', 'and', 'thus', 'therefore' should be on a separate line from the equations and flush left. Only use initial capitals for these if they start a new sentence.
11. When a single equation has been presented with a label/header (e.g. 'momentum conservation equation', 'blade element momentum theory', etc.), present the label before the equation, full left, half-line above, and in roman.
12. Where an equation is too long to fit on one line, take over whole terms starting if possible with a + or – or = symbol, and indent.
13. Where a bracketed term has to be split over lines move the second part to the right to show it is still part of the same term (align to the right of the bracket).
14. Pairs of opening and closing brackets should be the same size, even when they are on different lines.
15. Where an equation breaks at an equals sign indent a further em in from the first line.
16. Where equations are split over 2 lines, the break should occur before the operator:

$$m_2(1+e_p)(U_{2p}-U_{1p}) = (m_1+m_2)\Delta v_1 - m_1 h_1 \Delta\omega_1 - m_2 h_2 \Delta\omega_2 \quad (9)$$

5.3 Units

SI preferred. Expressions such as rpm, psi, cfm, gpm, mph, kph, tsi, revs should be avoided. Use instead r/min, lbf/in^2, gal/min, mile/h, km/h, ton/in^2, rotational speed, etc.

Notes: Greek μ in μm should always be roman; MPa and GPa should always have a capital P.

5.4 Symbols and operators

A thin non-breaking space should separate symbols and operators from numerals, and be present either side of multiplication dots and all operators, e.g. +, -, =, x, <, >, etc. (this does not need to be indicated by the CE, the TS will format)

Appendices and notation (see section 2.6, p. 7)

6. Appendices

6.1 General STM acceptable 2-letter abbreviations *(should be defined on first mention)*:

AH	arterial hypertension	ML	maximum lysis
AP	anteroposterior	MR	magnetic resonance
AR	androgen-receptor	MS	multiple sclerosis
AS	ankylosing spondylitis	ND	no data
AT	anti-thrombin	NF	nuclear factor
BP	blood pressure	NK	natural killer
CE	centre–edge	OD	optical density
CF	cystic fibrosis	OR	odds ratio
CI	cardiac index	OS	overall survival
CI	confidence interval	PC	protein C
CO	cardiac output	PD	potential difference
CP	cerebral palsy	PD	progressive disease
CR	complete response	PE	probable error
CT	clotting time	PP	pulse pressure
CT	computed tomography	PR	partial response
ED	emergency department	PT	prothrombin time
ED50	median effective dose	RA	rheumatoid arthritis
EU	European Union	RA	right atrium
FA	fatty acid	Rh	rhesus
FA	folinic acid	RQ	respiratory quotient
FR	fixed ratio	RR	relative risk
GH	growth hormone	RR	response rates
GM	genetically modified	RT	room temperature
GP	general practitioner	RV	right ventricle
Hb	haemoglobin	SE	standard error
HR	heart rate	SV	stroke volume
IR	infrared	TB	tuberculosis
LD50	median lethal dose	TC	total cholesterol
LH	luteinising hormone	TF	tissue factor
LV	left ventricle	TS	thymidylate synthase
mAb	monoclonal antibody	TT	thrombin time
ME	medial epicondyle	UV	ultraviolet
ME	myalgic encephalomyelitis	VD	venereal disease
MI	myocardial infarction		

6.2 Engineering acceptable 2-letter abbreviations *(should be defined on first mention):*

AC/DC	alternating current/direct current	HC	hydrocarbon
A/C	air conditioning	KF	Kalman filter
AI	artificial intelligence	MR	magnetorheological
AI	auto-ignition	MR	magnetic resonance
CA	crank angle (also used as a unit of measurement)	MS	mass spectrometry
CC	combustion chamber	MW	molecular weight
CG	centre of gravity	NN	neural network
CI	compression ignition	NS	Navier–Stokes
CM	centre of mass	PI	proportional–integral
CV	cyclic variability	PM	particulate matter
DI	direct injection	*Re*	Reynold's number
EA	evolutionary algorithm	RF	radio frequency
EM	electromagnetic	RI	rollover index
EV	electric vehicle	SD	standard deviation
FE	finite element	SI	spark ignition
GA	genetic algorithm	TC	traction control
GT	gas turbine	UV	ultraviolet

8.2. Appendix 2: Systematic Review Guidelines

Adapted STROBE Checklist – checklist of items that should be included in reports of observational studies

	Item No	Recommendation	
Title and abstract	1	(*a*) Indicates the study's design with a commonly used term in the title or the abstract	Yes = 1 No = 0
		(*b*) Provides in the abstract an informative and balanced summary of what was done and what was found	Yes = 1 No = 0
Introduction			
Background/rationale	2	Explains the scientific background and rationale for the investigation being reported	Yes = 1 No = 0
Objectives	3	States specific objectives, including any prespecified hypotheses	Yes = 1 No = 0
Methods			
Study design	4	Presents key elements of study design early in the paper	Yes = 1 No = 0
Setting	5	Describes the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Yes = 2 Partially = 1 No = 0
Participants	6	(*a*) *Cohort study*—Gives the eligibility criteria, and the sources and methods of selection of participants. Describes methods of follow-up *Case-control study*—Gives the eligibility criteria, and the sources and methods of case ascertainment and control selection. Gives the rationale for the choice of cases and controls *Cross-sectional study*—Gives the eligibility criteria, and the sources and methods of selection of participants	Yes = 1 No = 0
		(*b*) *Cohort study*—For matched studies, gives matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, gives matching criteria and the number of controls per case	Yes = 1 No = 0 N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Yes = 2 Partially = 1 No = 0
Data sources/ measurement	8*	For each variable of interest, gives sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Yes = 1 No = 0
Bias	9	Describes any efforts to address potential sources of bias	Yes = 1 No = 0
Study size	10	Explains how the study size was arrived at	Yes = 1 No = 0
Quantitative variables	11	Explains how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Yes = 1 No = 0
Statistical methods	12	(*a*) Describes all statistical methods, including those used to control for confounding	Yes = 1 No = 0
		(*b*) Describes any methods used to examine subgroups and interactions	Yes = 1 No = 0
		(*c*) *Cohort study*—If applicable, explains how loss to follow-up was addressed	Yes = 1 No = 0

		Case-control study—If applicable, explains how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describes analytical methods taking account of sampling strategy	
		(*d*) Describes any sensitivity analyses	Yes = 1 No = 0

Results

Participants	13*	(a) Reports numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Yes = 1 No = 0
Descriptive data	14*	(a) Gives characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Yes = 1 No = 0
		(b) Indicates number of participants with missing data for each variable of interest	Yes = 1 No = 0
Outcome data	15*	*Cohort study*— If applicable, reports numbers of outcome events or summary measures over time *Case-control study*— If applicable, reports numbers in each exposure category, or summary measures of exposure *Cross-sectional study*— If applicable, reports numbers of outcome events or summary measures	Yes = 1 No = 0
Main results	16	(*a*) Gives unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Makes clear which confounders were adjusted for and why they were included	Yes = 1 No = 0
		(*b*) Reports category boundaries when continuous variables were categorized	Yes = 1 No = 0
		(*c*) If relevant, considers translating estimates of relative risk into absolute risk for a meaningful time period	Yes = 1 No = 0
Other analyses	17	Reports other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Yes = 1 No = 0

Discussion

Key results	18	Summarises key results with reference to study objectives	Yes = 1 No = 0
Limitations	19	Discusses limitations of the study, taking into account sources of potential bias or imprecision. Discusses both direction and magnitude of any potential bias	Yes = 1 No = 0
Interpretation	20	Gives a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Yes = 2 Partially = 1 No = 0
Generalisability	21	Discusses the generalisability (external validity) of the study results	Yes = 1 No = 0

QUALITY SCORE

Article Author(s): _____

Overall Total: _____ /32

Percentage: _____

Quality rating: High Quality (>75%)
Moderate Quality (50-74%)
Poor Quality (0-49%)

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

8.3. Appendix 3: Table of Quality Ratings

	Quality Criteria					Total	%	Overall Quality Rating
	Title & Abstract (Total=2)	Introduction & Rationale (Total=2)	Method (Total=15)	Results (Total=8)	Discussion (Total=5)			
Studies								
Zimmerman et al. (1998)	2	2	10	3	3	20/32	62.50	Moderate
Wismer Fries & Pollak (2004)	2	2	12	4	4	24/32	75.00	High
Pears & Fisher (2005)	2	2	13	6	5	28/32	87.50	High
Camras et al. (2006)	2	2	13	6	5	28/32	87.50	High
Vorria et al. (2006)	2	2	9	4	2	19/32	59.38	Moderate
Tarullo et al. (2007)	2	2	10	5	5	24/32	75.00	High
Jeon et al. (2010)	2	2	14	3	4	25/32	78.13	High
Barone & Lionetti (2011)	2	2	11	3	4	22/32	68.75	Moderate
Rees (2013)	2	2	14	4	5	27/32	84.38	High

QUALITY RATING

>75% = High Quality

50-74% = Moderate Quality

0-49% = Poor Quality

8.4. Appendix 4: Ethical Review

8.4.1. REC Provisional Opinion Letter

WoSRES
West of Scotland Research Ethics Service

NHS
Greater Glasgow and Clyde

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Miss Lise W Forsyth
Specialist Psychological Practitioner
NHS Fife
Clinical Psychology Department
Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 8JH

Date 10 August 2012
Direct line 0141-211-1722
Fax 0141-211-1847
e-mail evelyn.jackson@ggc.scot.nhs.uk

Dear Miss Forsyth

Study Title:	**How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences? A Constructivist Grounded Theory Approach**
IRAS Project Ref No.	**91392**
REC reference:	**12/WS/0181**

The Research Ethics Committee reviewed the above application at the meeting held on 3 August 2012.

Documents reviewed

The documents reviewed at the meeting were:

Document	Version	Date
REC application	-	09 July 2012
Protocol	1	02 July 2012
Investigator CV	-	08 July 2012
Letter of invitation to participant	1	09 July 2012
Participant Information Sheet	1	09 July 2012
Participant Consent Form	1	09 July 2012
Evidence of insurance or indemnity	-	06 July 2011
Other: Volunteer Sheet	1	09 July 2012
Other: Foster Carer Information	1	09 July 2012
Other: Dr Matthias Schwannauer's CV	-	01 March 2012
Questionnaire: Assessment for Children	Girls	-
Questionnaire: Assessment for Children	Boys	-
Questionnaire: RSQ	-	-
Questionnaire: Semi-Structured Interview Schedule	1	09 July 2012

Provisional opinion

The Committee thanked you for attending the meeting and the following was discussed:

1. The Committee asked how potential foster carers will be identified and who will approach them. You explained that she had the agreement of Social Work Department, Foster Care Support Services and Clinical Psychologists to take part in the study. Professionals from these organisations will consider case loads and will decide which foster parents meet the inclusion criteria and will contact them regarding the study.

2. The Committee asked if payment will be made to the foster carer if they need to arrange for the children to be cared for, for example with a childminder, while they are taking part in the study. You explained that it is planned to conduct all interviews during school hours or she can arrange to meet with the foster parents in their own home.

3. The Committee asked for information about the questionnaires to be used in the study and you explained that these will have a reference number to link to the foster parents and that names will not be recorded on these and they have been included to set a context or scene.

The Committee is unable to give an ethical opinion on the basis of the information and documentation received so far. Before confirming its opinion, the Committee requests that you provide the further information set out below.

The Committee delegated authority to confirm its final opinion on the application to a meeting of the sub-committee of the REC.

Further information or clarification required

1. The Committee were uncomfortable with the proposal to discuss foster children with foster parents without the consent of the children involved. The Committee suggested that the researcher check the legal status of the foster carer's right to disclose/ discuss information about children in their care. The Committee also asked for clarification as to whether consent should be sought from the child's legal guardian (if that person is different from the foster carer) for the foster carer to discuss the children with the researcher.

2. The Committee questioned whether the researcher should have access to the child's case file for the purpose of gathering information regarding the care history of the child discussed during the interview and suggested that given the study objectives, this should not be necessary.

3. In the IRAS application form:
(a) The Committee agreed that the answer given in QA12 should be simplified and re-written in lay language.
(b) The Committee also agreed that an attempt should be made to give an answer to QA57, primary outcome measure.

4. In the Participant Information Sheet, section headed "Who has reviewed this study?", change the name of the Committee to the West of Scotland Research Ethics Committee 4".

5. The Committee noted that a key ethical dimension to this study is the need to protect the foster children's right to confidentiality. In addition to questioning the need to access the foster child's identifiable data (above), the Committee were concerned about the proposal to include quantitative elements of the study on two counts. First there was concern about the inclusion of the ACC checklist that contained elements that might prove distressing to foster carers and/or foster children in the consent process. Second the Committee noted the complexity of the study design observing that the proposal lacked clarity as to how the researcher would integrate data from multiple sources and of varying types. The Committee were concerned that the data, so generated, may be unwieldy and challenging to integrate and to analyse. Taking account of these concerns the Committee requested that the researcher review the study design, justify the proposal to include the ACC checklist and provide a more detailed explanation as to how the data generated from the interviews with foster parents will be integrated and analysed.

6. The Committee noted that the interview schedule as currently written is too basic and for the purposes of the study requires revision. It was suggested that the researcher provides the Committee with suggested revisions to the schedule after completing the two pilot interviews (assuming that the pilot interviews are with actual foster parents).

7. The Committee asked if the foster carers will be made aware of any dangerous information that may have been identified through the interview and that participants will be informed at that time of what will happen in terms of escalating the disclosed information through proper channels.

If you would find it helpful to discuss any of the matters raised above or seek further clarification from a member of the Committee, you are welcome to contact Evelyn Jackson, contact details above.

When submitting your response to the Committee, please send revised documentation where appropriate underlining or otherwise highlighting the changes you have made and giving revised version numbers and dates.

If the committee has asked for clarification or changes to any answers given in the application form, please do not submit a revised copy of the application form; these can be addressed in a covering letter to the REC.

The Committee will confirm the final ethical opinion within a maximum of 60 days from the date of initial receipt of the application, excluding the time taken by you to respond fully to the above points. A response should be submitted by no later than 8 December 2012.

Membership of the Committee

The members of the Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

12/WS/0181	Please quote this number on all correspondence

Yours sincerely

***for* Dr Brian Neilly**
Chair

Enclosures: *List of names and professions of members who were present at the meeting and those who submitted written comments.*

Copy to: *Ms Marianne Laird*
Dr Amanda Wood, NHS Fife

West of Scotland REC 4

Attendance at Committee meeting on 03 August 2012

Committee Members:

Name	*Profession*	*Present*	*Notes*
Ms Lynda Brown	Public Health Adviser	Yes	
Dr Andrew Clark	Consultant Haematologist	Yes	
Ms Cristina Coelho	Pharmacist	Yes	
Dr Robert Drummond	Clinical Research Fellow	No	
Dr Clair Evans	Consultant Paediatric and Perinatal Pathologist	No	
Dr Judith Godden	Scientific Adviser	No	
Dr Jane Gow	Committee Member	Yes	
Dr Kenneth James	Consultant Anaesthetist	No	
Dr Grace Lindsay	Reader	Yes	
Miss Fiona Mackelvie	(Retired) Lay member	No	
Mr Andrew Maclennan	(IT Manager) Lay Member	No	
Ms Margaret McDonald	Retired (Lay Member)	Yes	
Mrs Cynthia Mendelsohn	Retired (Lay member)	Yes	
Dr Brian Neilly	Consultant Physician	Yes	
Dr Jackie Riley	Statistician	Yes	
Mrs Kathleen Tuck	Retired Teacher (Lay member)	Yes	
Mr Iain Wright	Consultant Engineer (Lay member)	Yes	

Also in attendance:

Name	*Position (or reason for attending)*
Ms Evelyn Jackson	Committee Co-ordinator

Written comments received from:

Name	*Position*
Dr Clair Evans	Consultant Paediatric and Perinatal Pathologist
Miss Fiona Mackelvie	(Retired) Lay member

8.4.2. Further Information Response Letter

Private & Confidential

Dr Brian Neilly
West of Scotland REC 4
Ground Floor, Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT

Date: 19 September 2012
Enquiries to: Lise Forsyth
Tel: 07749294912
Email: liseforsyth@nhs.net

Dear Dr Neilly

RE: REC reference: 12/WS/0181

Thank you for considering my application at the meeting held on 3rd August 2012. I am writing in response to the provisional opinion letter I received on 10th August 2012 regarding my study. I will address each point identified by the panel as requiring further information or clarification below.

Further information or clarification requested

1. *The Committee were uncomfortable with the proposal to discuss foster children with foster parents without the consent of the children involved. The Committee suggested that the researcher check the legal status of the foster carer's right to disclose/ discuss information about children in their care. The Committee also asked for clarification as to whether consent should be sought from the child's legal guardian (if that person is different from the foster carer) for the foster carer to discuss the children with the researcher.*

Response to 1:
The primary focus of the study is to explore, using a qualitative methodology, the experience of foster carers looking after children who present them with behaviours that are difficult to manage. The aim of the study is to interview foster carers in order to establish foster carers needs in relation to caring for a child who presents them with difficult to manage behaviour and how best those needs can be met, potentially through supports or training.

It is agreed that protecting the confidentiality and welfare of the children looked after by foster carers who participate in this study is paramount. However, we do not believe it is necessary or appropriate to seek the consent of children currently in the care of the foster parents being interviewed. The aim of the study is not to learn about or discuss the behaviour of the child per se but to explore the experiences of foster carers when faced with behaviour they find challenging to manage. Indeed, it is possible foster carers may refer to experiences fostering children not currently in their care too, in order to better explain their current experiences of fostering the child they are currently looking after. They may also report their experiences in ways that illustrate their experiences rather than ways that are intended to accurately describe the child's behaviour as such. It may therefore be misleading, confusing and unnecessarily worrying to a child currently in foster care if we approach them for the kind of consent suggested, given the focus of this study. However,

we acknowledge that in order to discuss their experiences, foster carers will need to give examples of behaviour they have found challenging. So instead of seeking consent from all children who might be discussed, the confidentiality of any child discussed will be protected, with any generalised details which might need to form part of reporting being fully anonymised.

2. *The Committee questioned whether the researcher should have access to the child's case file for the purpose of gathering information regarding the care history of the child discussed during the interview and suggested that given the study objectives, this should not be necessary.*

Response to 2:
After further consideration, we agree it is not necessary to access the case files of children in order to undertake this study. As the focus of the study is on understanding the experiences of foster carers we will instead ask how they perceive information in a child's care history affects their expectations about that child.

3. *In the IRAS application form:*
(a) The Committee agreed that the answer given in QA12 should be simplified and re-written in lay language.
(b) The Committee also agreed that an attempt should be made to give an answer to QA57, primary outcome measure.

Response to 3a:
The number of children being looked after by foster carers or kinship carers is at its highest on record (Scottish Government, 2011). Such carers are a major resource to child and welfare organisations and the importance of providing them with support in their pivotal role is critical. In order to best support the particular needs of foster carers, and the children they care for, it is essential that their experiences are heard.

Foster placements aim to provide children with much needed care and a positive experience of being part of a family. Factors determining the quality of foster care include quality training, careful matching between the child and the carer, financial provisions and ongoing and timely support (Caltabiano & Thorpe, 2007). An equally important factor is the foster carers own attachment experiences, both in childhood and adulthood.

An adult's interpretation and response to the needs of children has been found to be greatly dependent on their early experiences with caregivers and current attachment "state of mind" (Berlin & Cassidy, 2001; Main, 1990). An adult's attachment state of mind is a term used to describe the way in which adult's process thoughts and feelings associated with their own attachment experiences (Main & Goldwyn, 1998). According to the literature, secure parents (either developed from childhood or earned later in life through later supportive relationships) tend to interpret and respond appropriately to the needs of the child they care for, representing a secure base. Adults with an insecure attachment style have been found to often respond in an insensitive way to the needs of the child they care for (Ijzendoorn, 1995; Main, 1990; Main, Kaplan & Cassidy, 1985; Pearson, Cohn, Cowan & Cowan, 1994). Dozier and colleagues (2001) found that the attachment behaviours observed in fostered children closely correspond to the caregivers attachment state of mind (Dozier, Stovall, Albus & Bates, 2001). The study emphasised the importance of placing children, who have experienced inadequate and/or disruptions in their care, with sensitive and nurturing care givers in order for them to have the best chance of developing trusting and secure relationships themselves.

A significant issue faced by looked after children is the high rate of placement instability and breakdown (Shaw, 1998; Farmer et al., 2001; Leathers, 2006). Research has found behaviour problems to be a good predictor of placement failure (e.g. Oosterman et al, 2007).

From the research available there seems to be a need to increase knowledge of how best to stabilise foster placements in order to increase the likelihood of children experiencing long-term care and a positive attachment experience. Studies have highlighted the potential future problems associated with a child's experience of multiple moves between foster placements (Lewis et al., 2007; Newton et al., 2000; Rubin et al., 2007; Zima et al., 2000). A number of studies have gone on to conclude that behaviour problems can affect placement changes and that placement changes can lead to behavioural problems (Aarons et al., 2010; Newton et al., 2000). From such results recommendations have included the need to increase focus on helping children to manage their behaviour, provide training to caregivers in order for them to respond more effectively to the difficult behaviour and the development of strategies as a way of increasing placement stability.

From the available evidence it is clear there exists a need for supports to be developed for both foster children and foster carers in order to minimise the risk of placement difficulties, disruption and potential breakdown associated with difficult behaviours, and maximise the child's opportunities to experience positive, caring and secure relationships. With this in mind, it is the aim of this current piece of research to develop an in-depth understanding of what it is like to be a foster carer caring for a child who presents with difficult to manage behaviour and, in turn, consider ways of supporting them in their role.

Response to 3b:
All data including qualitative data from interviews and data generated from the ACC and the RSQ will be used to help construct a theory of how foster carers experience challenging behaviour and the factors that might influence their experiences, such as their relationship 'attachment' style. This theoretical model, which will be developed as far as possible with the data available within this time limited study, constitutes the study's primary outcome. As this study adopts a qualitative grounded theory methodology rooted in a constructivist approach, there are no other 'outcome measures' as such. It is the aim of the study to identify challenges, strengths and training and support needs of foster carers.

4. *In the Participant Information Sheet, section headed "Who has reviewed this study?", change the name of the Committee to the West of Scotland Research Ethics Committee 4".*

Response to 4:
Please see attached Participant Information Sheet for change made as instructed.

5. *The Committee noted that a key ethical dimension to this study is the need to protect the foster children's right to confidentiality. In addition to questioning the need to access the foster child's identifiable data (above), the Committee were concerned about the proposal to include quantitative elements of the study on two counts. First there was concern about the inclusion of the ACC checklist that contained elements that might prove distressing to foster carers and/or foster children in the consent process. Second the Committee noted the complexity of the study design observing that the proposal lacked clarity as to how the researcher would integrate data from multiple sources and of varying types. The Committee were concerned that the data, so generated, may be unwieldy and challenging to integrate and to analyse. Taking account of these concerns the Committee requested that the researcher review the study design, justify the proposal to include the ACC checklist and provide a more detailed explanation as to how the data generated from the interviews with foster parents will be integrated and analysed.*

Response to 5:
We hope that the additional clarification of the focus and grounded theory methodology may reassure the committee about why this information will be requested and how it will be integrated into the analysis. These checklists have been developed as an aide to help foster carers more easily discuss and more clearly describe what behaviour they find challenging to manage. We are aware foster carers to have undergone training at which these kinds of difficulties will have been discussed and so we do not anticipate that the risk of upset will be greater than that this particular group may experience in their day to day life (a way of assessing risk when reviewing ethical issues recommended by the British Psychological Society). The checklists will be administered with the interviewer present, so that foster carers can ask or comment on any issues that arise. The researcher is trained in identifying signs of distress and knowledgeable about the appropriate action to take should such circumstances arise. Foster carers will be reminded they completing the checklist is optional, they can miss out any items they wish and they will be aware of their right to withdraw from the study at any time. As we do not intend to gain informed consent from children, they will not be exposed to these measures. Data from these measures will be used to help build a theoretical model that illustrates our understanding of how foster carers experience difficult to manage behaviour and may particularly contribute to understanding of the factors influencing those experiences. Thus it will be integrated into the qualitative grounded theory analysis.

6. *The Committee noted that the interview schedule as currently written is too basic and for the purposes of the study requires revision. It was suggested that the researcher provides the Committee with suggested revisions to the schedule after completing the two pilot interviews (assuming that the pilot interviews are with actual foster parents).*

Response to 6:
In accordance with constructivist grounded theory method in order to develop a theoretical understanding or "core concept" researchers are advised to engage in 'simultaneous data collection and analysis' (Charmaz, 2003, 2006). This encourages the researcher to remain focused on issues relevant to participants by clarifying and investigating issues further rather than from preconceived ideas that shape the interview questions at the beginning of the research (Charmaz, 2003, 2006). Consequently the semi-structured interview schedule will develop following each interview in keeping with the constructivist grounded theory methodology. Thus the style of question selection and structure you perceive as too basic has been deliberately selected as appropriate to the methodological approach selected. It is intentionally more open ended and more limited in scope than schedules designed for more heavily structured interviews or studies operating from other research paradigms. Furthermore, it will change in response to each interview – again this is consistent with the methodological approach set out in this application - and so cannot be considered to be in its 'final form' even after the pilot interview stage. Therefore, we hope that this further clarification of the implications of a constructivist grounded theory approach will suffice and allow for a favourable opinion without the need to submit the schedule after pilot interviews have taken place. Charmaz (2006) recommends that interviews, from a constructivist perspective, should encourage participants to discuss their interpretation of their experiences at length. In this style of interview a minimal number of broad and open-ended questions are devised in order to provide a framework whilst maintaining flexibility and encouraging participants to direct the interview (Charmaz, 2006; Silverman, 2000). In line with Glaser's (1992) recommendations, general questions should be used rather that focused specific questions in order to avoid theory verification. Within constructivist grounded theory interviews are analysed and these shape subsequent interviews (Charmaz, 2006). In order to make this clearer I have added this information to the semi-structured interview schedule and retitled it as a "sample interview schedule" in order to make it clear that it will be adapt to the themes developed in the research process.

7. *The Committee asked if the foster carers will be made aware of any dangerous information that may have been identified through the interview and that participants will be informed at that time of what will happen in terms of escalating the disclosed information through proper channels.*

Response to 7:
As outlined in QA6-2 the statutory responsibilities with regard to risk management and the associated limits to study confidentiality will be made clear during the process of obtaining consent, and will be discussed again with participants prior to commencing the interview. In accordance with the British Psychological Society Code of Ethics and Conduct (BPS, 2009) foster carers will be made aware that if information generated during the interview highlights the existence of dangers to themselves or others (i.e. the child(ren) they care for) I have a legal and ethical obligation to share this information with the appropriate services, for example, social work. I would share my risk concerns with the participant and inform them of my decision to follow safety protocols.

I attach the following documents for your consideration:

- Participant Information Sheet (change highlighted)
- Semi-Structured Interview Schedule (retitled "Sample Semi-Structured Interview Schedule")

Should you have any further questions please do not hesitate to contact me.

Yours sincerely

Lise Forsyth
Specialist Psychological Practitioner

cc: Dr Raymond French, The Queen's Medical Research Institute, 47 Little France Crescent, Edinburgh, EH16 4TJ

Ms Marianne Laird, The Queen's Medical Research Institute, 47 Little France Crescent, Edinburgh, EH16 4TJ

Dr Amanda Wood, NHS Fife, R&D Manager, R&D Resource Centre, Lynebank Hospital, Halbeath Road, Dunfermline, Fife, KY11 8JH

8.4.3. REC Further Information Response Incomplete Letter

WoSRES
West of Scotland Research Ethics Service

NHS Greater Glasgow and Clyde

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Miss Lise W Forsyth
Specialist Psychological Practitioner
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Clinical Psychology Department
Lynebank Hospital
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KY11 8JH

Date 12 October 2012
Direct line 0141-211-1722
Fax 0141-211-1847
e-mail evelyn.jackson@ggc.scot.nhs.uk

Dear Miss Forsyth

Study Title:	**How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences? A Constructivist Grounded Theory Approach**
IRAS project number:	**91392**
REC reference number:	**12/WS/0181**

Thank you for your letter of 24 October 2012, responding to the Committee's request for further information on the above research, and enclosing the following revised documents:

Document	Version	Date
Response to Provisional Opinion	-	23 September 2012
Participant Information Sheet	2	18 August 2012
Semi-Structured Interview Schedule	2	11 September 2012

The further information and revised documentation has been considered on behalf of the Committee by a Sub-Committee of the REC.

The Committee was satisfied with the responses to:

- Point 2 of the Committee's letter.
- Point 3 of the Committee's letter.
- Point 4 of the Committee's letter.
- Point 6 of the Committee's letter.

However, the Committee would be grateful for a more complete response on the following points:

1. The Committee asked about the legal status of the foster carer's right to disclose/discuss information about children in their care. The Sub-Committee felt that while assurances have been given about the protecting the confidentiality of any child discussed, this question has not been answered satisfactorily, particularly for children aged 12 years and over.

2. The Sub-Committee felt that to achieve complete anonymity, the foster carer should also be anonymised.

3. With regard to the use of the ACC checklist, if the carer is being selected for their experiences, then the Sub-Committee felt that the ACC questions could be posed as "Has any child you have cared for ever..... If yes, how did you handle this?". This way the focus is not on the current child and therefore the risk of a link being made is reduced.

4. Also in the Participant Information Sheet, section headed "Why have I been chosen?", it is stated ".....because you care for a child....", therefore it is the current child that is being referred to and the identity of the child could be disclosed. The Sub-Committee suggested that this text should be replaced with "because you have cared for a child at some point in time".

The Sub-Committee considered the response to Provisional Opinion, on behalf of the main Committee.

Any further revised document submitted should be given a revised version number and date.

The 60 day clock for issue of a final ethical opinion on this application will re-start when the Committee has received a response on the outstanding points.

12/WS/0181	**Please quote this number on all correspondence**

Yours sincerely

Ms Evelyn Jackson
Committee Co-ordinator

Copy to: *Ms Marianne Laird*
Dr Amanda Wood, NHS Fife

8.4.4. Further Information Response Incomplete Response Letter

Private & Confidential

Dr Brian Neilly
West of Scotland REC 4
Ground Floor, Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT

Date: 20 November 2012
Enquiries to: Lise Forsyth
Tel: 07749294912
Email: liseforsyth@nhs.net

Dear Dr Neilly

RE: REC reference: 12/WS/0181

Thank you for your letter of 12th October 2012 considering my response to the Committee's request for further information. I am writing in response to your request for more information regarding my study. I will address each point identified in the letter below.

1. *The Committee asked about the legal status of the foster carer's right to disclose/discuss information about children in their care. The Sub-Committee felt that while assurances have been given about the protecting the confidentiality of any child discussed, this question has not been answered satisfactorily, particularly for children aged 12 years and over.*

In order to respond to the above question I contacted a number of specialist fostering organisations, including The Fostering Network Scotland, The Centre for Excellence for Looked After Children in Scotland and the British Association for Adoption and Fostering who confirmed that foster carers are within their legal right to choose to participate in research and share their experiences. They additionally confirmed the importance of maintaining the foster carers confidentiality and obtaining their informed consent to participate. This was also confirmed by a legal advisor I contacted at the NHS Central Legal Office (Ranald MacDonald, Legal Adviser). As mentioned in my previous response, the confidentiality of the participating foster carer and any information they choose to share regarding any child they have cared for will be sufficiently maintained by anonymising or removing any identifiable information from transcripts and written materials.

There are a number of UK studies similar in design to the study proposed here that have been carried out. For example, foster carers have participated in qualitative research which has involved them sharing information about their emotional experiences of fostering (Pickin, Brunsden & Hill, 2011); their perceptions and experiences of placements and placement support (Samarai, Beinart & Harper, 2011), their beliefs regarding the causes of foster children's emotional and behavioural difficulties (Taylor, Swann & Warren, 2008), and their psychological well-being in relation to young people's behavioural difficulties (Morgan & Baron, 2011). To my knowledge, no risk to participating foster carers, or the children they care for, has been highlighted by any qualitative studies involving foster carers (Morgan, & Baron, 2011; Preston, Yates & Moss, 2012; Pickin, Brunsden & Hill 2011; Samarai, Beinart & Harper, 2011; Taylor, Swann & Warren, 2008). Most recently Preston and colleagues (2012) carried out a qualitative study in the North East of England exploring the role that the

emotional resilience of foster carers plays in promoting placement stability. Their design also involved interviewing foster carers caring for children who presented them with challenging behaviours. Similar to my study design all names were changed for inclusion in their report. This an accepted method for carrying out research in this important area, carer research, including foster carers, is a strong and well established field within the UK and relies on individuals ability to talk about their experience as carers.

It is agreed that protecting the confidentiality and welfare of the children looked after by foster carers who participate in this study is paramount. In order to protect the absolute confidentiality of any child, no reported experience or specific behaviour will be identifiable or associated with any personal information.

2. *The Sub-Committee felt that to achieve complete anonymity, the foster carer should also be anonymised.*

As stated throughout the IRAS application and accompanying documents regarding this study participating foster carers will be anonymised. For example, "*A.38: Once the data is collected, all identifying information, including names, will be anonymised and each participant will be assigned an identification number when being transcribed and stored.*" The anonymisation of foster carers is also stated in the Participant Information Sheet, *"Direct quotes from interviews will only be used after being anonymised and any information that might identify you will be removed."* (page 3).

3. *With regard to the use of the ACC checklist, if the carer is being selected for their experiences, then the Sub-Committee felt that the ACC questions could be posed as "Has any child you have cared for ever..... If yes, how did you handle this?". This way the focus is not on the current child and therefore the risk of a link being made is reduced.*

Please see attached amended version of ACC checklist for change made as instructed.

4. *Also in the Participant Information Sheet, section headed "Why have I been chosen?", it is stated ".....because you care for a child....", therefore it is the current child that is being referred to and the identity of the child could be disclosed. The Sub-Committee suggested that this text should be replaced with "because you have cared for a child at some point in time".*

Please see attached Participant Information Sheet for change made as instructed.

I attach the following documents for your consideration:

- Participant Information Sheet (change highlighted)
- Amended ACC Checklist

Should you have any further questions please do not hesitate to contact me.

Yours sincerely

Lise Forsyth
Specialist Psychological Practitioner

Professor Matthias Schwannauer
Head of Clinical & Health Psychology
The University of Edinburgh

2

cc: Dr Raymond French, The Queen's Medical Research Institute, 47 Little France Crescent, Edinburgh, EH16 4TJ

Ms Marianne Laird, The Queen's Medical Research Institute, 47 Little France Crescent, Edinburgh, EH16 4TJ

Dr Amanda Wood, NHS Fife, R&D Manager, R&D Resource Centre, Lynebank Hospital, Halbeath Road, Dunfermline, Fife, KY11 8JH

8.4.5. REC Favourable Opinion Letter

WoSRES
West of Scotland Research Ethics Service

NHS
Greater Glasgow and Clyde

West of Scotland REC 4
Ground Floor, Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT
www.nhsggc.org.uk

Miss Lise W Forsyth
Specialist Psychological Practitioner
Clinical Psychology Department
NHS Fife
Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 8JH

Date 23 November 2012
Direct line 0141-211-1722
Fax 0141-211-1847
e-mail evelyn.jackson@ggc.scot.nhs.uk

Dear Miss Forsyth

Study title:	**How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences? A Constructivist Grounded Theory Approach**
IRAS project number:	**91392**
REC reference:	**12/WS/0181**

Thank you for your letter of 20 November 2012, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered in correspondence by a sub-committee of the REC. A list of the sub-committee members is attached.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation, as revised, subject to the conditions specified below.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Evidence of insurance or indemnity	-	06 July 2011
Interview Schedules/Topic Guides	2	11 September 2012
Investigator CV	-	08 July 2012
Letter of invitation to participant	1	09 July 2012
Other: Volunteer Sheet	1	09 July 2012
Other: Foster Carer Information	1	09 July 2012
Other: Dr Matthias Schwannauer's CV	-	01 March 2012
Participant Consent Form	1	09 July 2012
Participant Information Sheet	3	20 November 2012
Protocol	1	02 July 2012
Questionnaire: RSQ		-
Questionnaire: Assessment Checklist for Children	1	16 October 2012
REC application	-	09 July 2012
Response to Request for Further Information	e-mail	24 October 2012
Response to Request for Further Information	-	20 November 2012

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

12/WS/0181	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project.

Yours sincerely

***For* Dr Brian Neilly**
Chair

Enclosures: List of names and professions of members who took part in the review
"After ethical review – guidance for researchers"

Copy to: Ms Marianne Laird
Dr Amanda Wood, NHS Fife

West of Scotland REC 4

Committee Members who took part in the review

Committee Members:

Name	Profession	Present	Notes
Dr Brian Neilly	Consultant Physician	Yes	
Dr Jackie Riley	Statistician	Yes	
Mrs Kathleen Tuck	Retired Teacher	Yes	

8.4.6. Amended REC Final Favourable Opinion Letter

List of documents received and approved amended and letter re-issued

WoSRES
West of Scotland Research Ethics Service

NHS Greater Glasgow and Clyde

West of Scotland REC 4
Ground Floor, Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT
www.nhsggc.org.uk

Miss Lise W Forsyth
Specialist Psychological Practitioner
Clinical Psychology Department
NHS Fife
Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 8JH

Date 12 December 2012
Direct line 0141-211-1722
Fax 0141-211-1847
e-mail evelyn.jackson@ggc.scot.nhs.uk

Dear Miss Forsyth

Study title:	**How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences? A Constructivist Grounded Theory Approach**
IRAS project number:	**91392**
REC reference:	**12/WS/0181**

Thank you for your letter of 20 November 2012, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered in correspondence by a sub-committee of the REC. A list of the sub-committee members is attached.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation, as revised, subject to the conditions specified below.

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
REC application	-	09 July 2012
Protocol	1	02 July 2012
Investigator CV	-	08 July 2012
Participant Information Sheet	3	*20 October 2012*
Participant Consent Form	1	09 July 2012
Evidence of insurance or indemnity	-	06 July 2011
Interview Schedules/Topic Guides	2	11 September 2012
Other :Patient Debrief Sheet	1	09 July 2012
Other: Volunteer Sheet	1	09 July 2012
Other: Foster Carer Information	1	09 July 2012
Other: Dr Matthias Schwannauer's CV	-	01 March 2012
Questionnaire: RSQ		-
Questionnaire: Assessment Checklist for Children	1	16 October 2012
Response to Request for Further Information	e-mail	*19 September 2012*
Response to Request for Further Information	-	20 November 2012

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

Further information is available at National Research Ethics Service website > After Review

12/WS/0181	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project.

Yours sincerely

***For* Dr Brian Neilly**
Chair

Enclosures: List of names and professions of members who took part in the review
"After ethical review – guidance for researchers"

Copy to: Ms Marianne Laird
Dr Amanda Wood, NHS Fife

West of Scotland REC 4

Committee Members who took part in the review

Committee Members:

Name	Profession	Present	Notes
Dr Brian Neilly	Consultant Physician	Yes	
Dr Jackie Riley	Statistician	Yes	
Mrs Kathleen Tuck	Retired Teacher	Yes	

8.4.7. Acknowledgement of Updated Protocol

Date of PIS amended and letter, (V2), re-issued on 21/12/12

WoSRES
West of Scotland Research Ethics Service

NHS Greater Glasgow and Clyde

West of Scotland REC 4
Ground Floor, Tennent Building
Western Infirmary
38 Church Street
Glasgow
G11 6NT
www.nhsggc.org.uk

Miss Lise W Forsyth
Specialist Psychological Practitioner
NHS Fife
Clinical Psychology Department
Lynebank Hospital, Halbeath Road
Dunfermline
Fife
KY11 8JH

Date 21 December 2012
Direct line 0141-211-1722
Fax 0141-211-1847
e-mail evelyn.jackson@ggc.scot.nhs.uk

Dear Miss Forsyth

Study title:	**How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences? A Constructivist Grounded Theory Approach**
REC reference:	**12/WS/0181**
IRAS project ID:	**91392**

Thank you for your e-mail of 14 December 2012. I can confirm the REC has received the documents listed below and that these comply with the approval conditions detailed in our letter dated 23 November 2012

Documents received

The documents received were as follows:

Document	Version	Date
Protocol	3	23 November 2012

Approved documents

The final list of approved documentation for the study is therefore as follows:

Document	Version	Date
REC application	-	09 July 2012
Protocol	3	23 November 2012
Investigator CV	-	08 July 2012
Participant Information Sheet	3	20 *October* 2012
Participant Consent Form	1	09 July 2012
Evidence of insurance or indemnity	-	06 July 2011

Interview Schedules/Topic Guides	2	11 September 2012
Questionnaire: RSQ		
Questionnaire: Assessment Checklist for Children	1	16 October 2012
Other: Volunteer Sheet	1	09 July 2012
Other: Foster Carer Information	1	09 July 2012
Other: Dr Matthias Schwannauer's CV	-	01 March 2012
Other: Patient Debrief Sheet	1	09 July 2012
Response to Request for Further Information	e-mail	24 October 2012
Response to Request for Further Information	-	20 November 2012

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

12/WS/0181 **Please quote this number on all correspondence**

Yours sincerely

Ms Evelyn Jackson
Committee Co-ordinator

Copy to: *Ms Marianne Laird*
Dr Amanda Wood, NHS Fife

8.5. Appendix 5: Research and Development Approval

Miss Lise Forsyth
Specialist Psychological Practitioner
Clinical Psychology Dept
Lynebank Hospital
DUNFERMLINE

Medical Director, Primary Care
Room 313
Hayfield House
Hayfield Road
KIRKCALDY
Fife KY2 5AH
Tel 01592 643355
www.show.scot.nhs.uk/fpct

Date 7 January 2013
Our Ref 12-071 12/WS/0181
Enquiries to Aileen Yell
Tel No 01383 565110
Email aileenyell@nhs.net

Dear Miss Forsyth

Project Title: Foster carers experience of difficult to manage child behaviour

Thank you for your application to carry out the above project. Your project documentation (detailed below) has been reviewed for resource and financial implications for NHS Fife and I am happy to inform you that NHS permission for the above research has been granted on the basis described in the application form, protocol and supporting documentation. The documents reviewed were:

Document	Version	Date
Foster Carer Information	1	9 July 2012
Volunteer Sheet	1	9 July 2012
Participant Debrief Information Sheet	1	9 July 2012
Consent Form	1	9 July 2012
Questionnaire : RSQ	1	9 July 2012
REC provisional favourable opinion letter		10 August 2012
Interview Schedule	2	11 September 2012
Questionnaire : Assessment Checklist for Children	1	16 October 2012
Participant Information Sheet	3	20 October 2012
Protocol	3	23 November 2012
REC final favourable opinion letter		23 November 2012
IRAS R&D Form	3.4	26 November 2012
IRAS SSI Form	3.4	29 November 2012
Amended REC final favourable opinion letter		12 December 2012
Further amended REC final favourable opinion letter		21 December 2012

The terms of the approval state that you are the Principal Investigator authorised to undertake this study within NHS Fife. I note that the favourable ethical opinion applies to all NHS sites taking part in the study therefore no separate Site Specific Review is required in this case.

The sponsors for this study are University of Edinburgh.

Details of our participation in studies will be included in annual returns we are expected to complete as part of our agreement with the Chief Scientist Office. Regular reports of the study require to be submitted. Your first report should be submitted to Dr A Wood, R&D Manager, R&D Resource Centre, Lynebank Hospital, Halbeath Rd, Dunfermline, KY11 4UW (Amanda.wood3@nhs.net) in 12 months time and subsequently at yearly intervals until the work is completed. A Lay Summary will also be required upon completion of the project.

In addition, approval is granted subject to the following conditions:-

- All research activity must comply with the standards detailed in the Research Governance Framework for Health & Community Care (http://www.cso.scot.nhs.uk/publications/resgov/resgov.htm), health & safety regulations, data protection principles, other appropriate statutory legislation and in accordance with Good Clinical Practice (GCP).

- Any amendments which may subsequently be made to the study should also be notified to Aileen Yell, Research Governance Officer (aileenyell@nhs.net) , as well as the appropriate regulatory authorities. Notification should also be given of any new research team members post approval and/or any changes to the status of the project.

- This organisation is required to monitor research to ensure compliance with the Research Governance Framework and other legal and regulatory requirements. This is achieved by random audit of research. You will be required to assist with and provide information in regard to monitoring and study outcomes (including providing recruitment figures to the R&D office as and when required).

- As custodian of the information collated during this research project you are responsible for ensuring the security of all personal information collected in line with NHS Scotland IT Security Policies, until the destruction of this data.

- Permission is only granted for the activities for which a favourable opinion has been given by the REC (and which have been authorised by the MHRA where appropriate).

- The research sponsor or the Chief Investigator or local Principal Investigator at a research site may take appropriate urgent safety measures in order to protect research participants against any immediate hazard to their health or safety. The R&D office (aileenyell@nhs.net) should be notified that such measures have been taken. The notification should also include the reasons why the measures were taken and the plan for further action. The R&D office should be notified within the same time frame of notifying the REC and any other regulatory bodies.

I would like to wish you every success with your study and look forward to receiving a summary of the findings for dissemination once the project is complete.

Yours sincerely

Stella A Clark

DR STELLA CLARK
Medical Director, Primary Care
NHS Fife

Cc : Aileen Yell, Research Governance Officer, NHS Fife, Lynebank Hospital, Dunfermline

Vsn 1 – 01.11.09

8.6. Appendix 6: Participant Information Pack

8.6.1. Participant Information Sheet

Participant Information Sheet

How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences?

You are being invited to take part in a research study that is being conducted in part fulfilment of Doctorate in Clinical Psychology degree at the University of Edinburgh. If you would like to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please contact the lead researcher (Lise Forsyth, Trainee Clinical Psychologist), if there is anything that is not clear or if you would like more information. Please take time to decide whether you wish to take part.

What is the purpose of the study?

The aim of the study is to help us understand the experiences of foster carers who care for children who present with difficult to manage behaviour.

Foster carers, like yourself, play a vital role in the care of children who have been removed from their families, and it is therefore important to provide adequate support to foster carers to do this. This study is not an evaluation of your competencies as a foster carer, but an opportunity for us to hear, firsthand, what it is like for foster carers to care for children who present with behaviours that are, at times, difficult to manage.

Why have I been chosen?

You have been chosen to take part because you have been identified as a foster carer who has cared for a child at some point in time who at times can present with behaviour that is challenging to manage. In addition the child will have been in your care for at least 2 months and is aged between 4 and 18 years old.

Do I have to take part?

No. Your participation in the study will be voluntary and your responses will remain anonymous. If you do decide to take part you will be given this information sheet to read carefully and then asked to sign a consent form. If you decide to take part **you are still free to withdraw at any time and without giving a reason**. If you withdraw, all personal information will be destroyed, however, some of the anonymous information that you provide may still be included in the study. A decision to withdraw at any time will not interfere in any way with the support or care that you receive.

If I volunteer will I definitely be involved in the study?

Not necessarily. In the unlikely event that more people volunteer to participate than are needed for the project, then it is possible some volunteers will not be

asked to participate. Participants will be selected on a 'first come, first served' basis.

Some individuals may not be invited to participate if it is deemed by the researcher, or the professional they are in contact with, that participation may be detrimental to their wellbeing.

What will happen to me if I take part? What do I have to do?

If you do decide to take part, you will need to sign a consent form to make sure that you have understood the information on this information sheet. You will be asked to take part in a one-off face-to-face interview whereby you will be asked questions about your personal experiences of fostering a child/children who have presented with difficult to manage behaviour. This interview is expected to last approximately 60 minutes, however, there will be no rush. The interview will take place in a location most convenient to the participant, whether that be in their home or in a local clinic space.

The interview will be audio-taped for better recall and analysis of the information you provide. Breaks will be provided at any point within the interview if needed.

Following the interview you will be asked to complete a short form to gather details about your foster caring experience, including, how long you have been a foster carer and how long you cared for the child being discussed. You will also be asked to complete two questionnaires. One questionnaire focuses on the difficult behaviour(s) the child you cared for presents with and involves you indicating how true a list of statements describing children's behaviour and feelings are for the child you cared for on a scale of 1 to 3. The second questionnaire is about your relationships with other people which will involve reading a list of statements and rating whether you agree with them on a scale of 1 to 5.

The information you provide will remain confidential unless you disclose a risk to yourself or another person. If a risk is indicated, relevant professionals will need to be informed. You will be given a letter providing contact details should you have any later questions or concerns. Once the research is complete you are welcome to contact the lead researcher (Lise Forsyth, Trainee Clinical Psychologist) to discuss the findings of the study, you will also be offered a written summary of the findings of this research.

What are the possible advantages/disadvantages of taking part?

People who have taken part in similar studies have found it a positive experience to have a chance to feel listened to. People also describe feeling positive about having the chance to offer their opinion about what it is like to be a foster carer and to express their personal experiences of managing a child who can, at times, present with behaviour that is difficult to manage. It is hoped, such information can be used to improve services and supports for other foster carers experiencing similar challenges. However, it is possible that you may find it upsetting if you decide to discuss any experiences that have

been difficult for you. If you do feel upset, the interview can be paused until you feel you can carry on, rescheduled to another day or you can chose to withdraw from the study. If necessary, additional support can also be arranged from the service you are currently in contact with should you feel that you would benefit from an opportunity to discuss any issues further.

The information that we get from this study will help us better understand the views and experiences of foster carers caring for children who present with behaviour which can be challenging. This will not lead to immediate changes within services, although we hope that the findings of the study will contribute positively to better supports for foster carers who experience similar difficulties with the children they care for. The results of the study are likely to be published so that its findings can be used across the United Kingdom, however you will not be identified in any report or publication.

Will my costs of attending be reimbursed?

Yes. Reasonable travelling expenses up to the value of £5 will be reimbursed. Please remember to bring any tickets with you to your meeting.

Will my information be kept confidential?

Yes. All the information that is collected during the course of the study will be kept confidential. The interview will be recorded and then written out. All recordings and transcripts will be kept in a locked cabinet within the NHS Fife property. Once written out, the recordings will be destroyed and any information that could identify you (names, places, workplace, etc) will be removed. The written transcripts will be securely stored for 5 years and then destroyed. It will not be possible for you to be identified in the written transcripts or any publications from this research.

The only instance where your confidentiality may be breached is if information is disclosed that indicates a risk to yourself or others. If this occurs, relevant professionals will be informed.

What will happen to the results of the study?

The results of the study will be submitted to Edinburgh University for review and may be published in a report, scientific journal and/or presented at conferences. Direct quotes from interviews will only be used after being anonymised and any information that might identify you will be removed.

Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by The West of Scotland Research Ethics Committee 4. It is a requirement that your records in this research, together with any relevant records, be made available for scrutiny by monitors from the University of Edinburgh and NHS Fife, whose role is to check that

research is properly conducted and the interests of those taking part are adequately protected.

What if there is a problem?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. If you decide to take part in the research and are not happy with any aspect of the study, you should ask to speak to the lead researcher, Lise Forsyth (01383 565400) or the clinical liaison for the study, Dr Marie Renaud, Consultant Clinical Psychologist, Lynebank Hospital (01383 565400) who will aim to address your concern. Further contact details are given at the back of this sheet. In the event that you are harmed during the research and this is due to someone's negligence then you may have grounds for compensation but you may have to pay your legal costs.

What are my rights?

If you believe that you have been harmed in any way by taking part in this study, you have the right to pursue a complaint and seek resulting compensation through the University of Edinburgh who are acting as the research sponsor. Details are available from the research team. Also, if you are a patient of the NHS, you have the right to pursue a complaint through the usual NHS process. To do so, you can contact:

Patient Relations Department
Fife NHS Board
Hayfield House
Hayfield Road
Kirkcaldy
KY2 5AH

Tel: 01592 648153 Ext: 28153
Email: patientrelations.fife@nhs.net

Note that the NHS has no legal liability for non-negligent harm. However, if you are harmed and this is due to someone's negligence, you may have the grounds for a legal action against NHS Fife but you may have to pay your legal costs.

What to do next?

If you are willing to take part in this study please complete the attached sheet and return it to Lise Forsyth, along with one consent form (keeping the other consent form for your own records), in the enclosed stamped addressed envelope. Lise Forsyth will then contact you to arrange a suitable time and place to carry out the interview. Should you wish to discuss the study prior to signing and returning the consent form you are welcome to telephone Lise Forsyth on 01383 565400, alternatively you can wait to sign the consent form until you have met with Lise Forsyth and any questions you may have are discussed and answered.

At the interview, the interviewer (Lise Forsyth, Trainee Clinical Psychologist) will again discuss consent with you before your interview takes place.

Thank you for taking the time to read and consider the above information.

Contacts for further information

Should you have any further questions about the study, please contact:

Name of Lead Researcher:	Miss Lise Forsyth Trainee Clinical Psychologist
Address:	Department of Child & Family Clinical Psychology Lynebank Hospital Halbeath Road Dunfermline KY11 8JH
Telephone:	01383 565400
Email:	liseforsyth@nhs.net
Name of Clinical Supervisor:	Dr Marie Renaud Consultant Clinical Psychologist
Address:	Department of Child & Family Clinical Psychology Lynebank Hospital Halbeath Road Dunfermline KY11 8JH
Telephone:	01383 565400
Email:	marie.renaud@nhs.net

For independent, general advice about taking part in the research please contact:

Name:	Tara Graham Research & Service Development Psychologist
Address:	Department of Clinical Psychology Stratheden Hospital by Cupar KY15 5RR
Telephone:	01334 696336
Email:	taragraham@nhs.net

Thank you for taking the time to read this information sheet

8.6.2. Consent Form

CONSENT FORM

Title of Project: How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences? A Constructivist Grounded Theory Approach

Name of Lead Researcher: Miss Lise Forsyth, Trainee Clinical Psychologist

	Please initial box
1. I confirm that I have read and understand the information sheet for the above study. I have had an opportunity to ask questions and these have been answered.	☐
2. I understand that my participation is voluntary and that I have the right to withdraw from the study at any stage without my medical care or rights being affected	☐
3. I agree to information being audio-taped and transcribed	☐
4. I understand that the data collected during the study may be looked at by individuals from the University of Edinburgh and NHS Fife.	☐
5. I understand that short direct quotations of my interview may be used for publication in reports. I understand that should this happen, I will not be identified from any of the information provided.	☐
6. I agree to participate in this study.	☐

_____	_____	_____
Name of Patient	Signature	Date
_____	_____	_____
Name of Person Taking Consent	Signature	Date

Participant Consent Form Version 1 – Lise Forsyth – 9th July 2012

Page 1 of 1

8.6.3. Volunteer Sheet

How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences?

Volunteer Sheet

If you would like to participate in this research project, please complete the details below and post to Lise Forsyth, Trainee Clinical Psychologist, using the enclosed stamped addressed envelope.

Alternatively, you can email this information to liseforsyth@nhs.net and bring your consent form with you when you attend.

Name: .....

Address: .....

Telephone Number: .....

Email Address: .....

Preferred Method of Contact:

	Please tick preferred method
Letter	
Telephone	
Email	

Volunteer Sheet Version 1 – Lise Forsyth – 9th July 2012

8.7. Appendix 7: Foster Carer Information Sheet

Foster Carer Information

Your Age: _____

Your Gender: _____

Age of the child you care for who is being discussed today: _____

How long has the child being discussed today been in your care?_____

_____

How many children do you currently foster?_____

What are the ages of all the children you currently foster?_____

_____

How long have you been a foster carer?_____

How many foster children have you fostered in total since becoming a foster carer? _____

What foster care training have you received:

_____

_____

_____

Foster Carer Information Version 1 – Lise Forsyth – 9th July 2012

8.8. Appendix 8: Sample Semi-structured Interview Schedule

Sample Semi-Structured Interview Schedule

How do foster carers experience difficult to manage behaviour in light of their attachment experiences? A constructivist grounded theory approach

It is important to note that the researcher has attempted to develop some general questions for the initial interview. However, in line with a grounded theory approach, the interview will adapt to the themes developed in the research process.

I would like you to reflect on your experience of caring for the children you foster, and hold in mind one particular child who has presented with behaviour you have found difficult to manage at times.

1. Can you tell me in your own words what your general experience is of looking after foster children?

2. Does the foster children's care history (for example their reason for coming in to care, number of previous placements) affect your expectations about the children you care for?

3. Are there aspects of the children's behaviours over the past 2 years that you have found/you find difficult to manage?

4. How do you understand the behaviour?
   - What do you think X's difficult behaviour is about? (prompt)

5. What do you do when X's behaviour is difficult?
   - When you are at home? (prompt)
   - When you are in public? (prompt)

6. What kind of reaction to the behaviour do you find most troublesome/helpful?

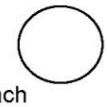
7. What helps you to cope with X's difficult behaviour?

8. Do you think X's challenging behaviour has effected how your relationship has developed?
   - And if so, in what way? (prompt)

8.9. Appendix 9: Quantitative Measures

8.9.1. Relationship Scales Questionnaire

RSQ

Participant Identification Number: 

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about close relationships.

		Not at all like me				Very much like me
1	I find it difficult to depend on other people.	1	2	3	4	5
2	It is very important to me to feel independent.	1	2	3	4	5
3	I find it easy to get emotionally close to others.	1	2	3	4	5
4	I want to merge completely with another person.	1	2	3	4	5
5	I worry that I will be hurt if I allow myself to become too close to others.	1	2	3	4	5
6	I am comfortable without close emotional relationships.	1	2	3	4	5
7	I am not sure that I can always depend on others to be there when I need them.	1	2	3	4	5
8	I want to be completely emotionally intimate with others.	1	2	3	4	5
9	I worry about being alone.	1	2	3	4	5
10	I am comfortable depending on other people.	1	2	3	4	5
11	I often worry that romantic partners don't really love me.	1	2	3	4	5
12	I find it difficult to trust others completely.	1	2	3	4	5
13	I worry about others getting too close to me.	1	2	3	4	5
14	I want emotionally close relationships.	1	2	3	4	5
15	I am comfortable having other people depend on me.	1	2	3	4	5
16	I worry that others don't value me as much as I value them.	1	2	3	4	5
17	People are never there when you need them.	1	2	3	4	5
18	My desire to merge completely sometimes scares people away.	1	2	3	4	5
19	It is very important to me to feel self-sufficient.	1	2	3	4	5
20	I am nervous when anyone gets too close to me.	1	2	3	4	5
21	I often worry that romantic partners won't want to stay with me.	1	2	3	4	5
22	I prefer not to have other people depend on me.	1	2	3	4	5
23	I worry about being abandoned.	1	2	3	4	5
24	I am somewhat uncomfortable being close to others.	1	2	3	4	5
25	I find that others are reluctant to get as close as I would like.	1	2	3	4	5
26	I prefer not to depend on others.	1	2	3	4	5
27	I know that others will be there when I need them.	1	2	3	4	5
28	I worry about having others not accept me.	1	2	3	4	5
29	Romantic partners often want me to be closer than I feel comfortable being.	1	2	3	4	5
30	I find it relatively easy to get close to others.	1	2	3	4	5

Relationship Scales Questionnaire Version 1 – Lise Forsyth – 9th July 2012

8.9.2. Assessment Checklist for Children – Adapted Version

Assessment Checklist for Children
Adapted Version

Participant Information Number: ◯

TO BE COMPLETED BY THE INTERVIEWER WITH THE PARTICIPANT

PART 1 Here are some statements that describe children's behaviour and feelings.
For each statement, please circle the number that best describes a child you have fostered in the last 2 years.

- circle **0** if the statement is **not true** for the child
- circle **1** if the statement is **partly true** for the child
- circle **2** if the statement is **mostly true** for the child

0 1 2	1. Adjusts slowly to changes	0 1 2	42. Lacks guilt or empathy
0 1 2	2. Attention-seeking behaviour	0 1 2	43. Laughs when injured or hurt
0 1 2	3. Avoids eye contact, except if in "trouble"	0 1 2	44. Lives in a fantasy world
0 1 2	4. Believes they are no good at anything	0 1 2	45. Low self-esteem
0 1 2	5. Can't concentrate, short attention span	0 1 2	46. Manipulates or "uses" friends
0 1 2	6. Changes friends quickly	0 1 2	47. Play includes violent or frightening themes
0 1 2	7. Clingy	0 1 2	48. Possessive, can't share friends
0 1 2	8. Complains of not being likeable	0 1 2	49. Precocious (talks or behaves like an adult)
0 1 2	9. Craves affection	0 1 2	50. Prefers to be with adults, rather than children
0 1 2	10. Dislikes himself	0 1 2	51. Prefers to mix with older children
0 1 2	11. Distrusts adults	0 1 2	52. Refuses to talk
0 1 2	12. Does not cry	0 1 2	53. Relates to strangers "as if they were family"
0 1 2	13. Does not share with friends	0 1 2	54. Resists being comforted when hurt
0 1 2	14. Does not show affection	0 1 2	55. Risks physical safety, fearless
0 1 2	15. Does not speak up for himself	0 1 2	56. Says friends are against him
0 1 2	16. Easily discouraged at home	0 1 2	57. Says they are "bad", or "no good"
0 1 2	17. Easily discouraged at school	0 1 2	58. Secretive
0 1 2	18. Easily influenced by other children	0 1 2	59. Seems insecure
0 1 2	19. Eats from garbage	0 1 2	60. Startles easily
0 1 2	20. Eats things that are not food	0 1 2	61. Steals food
0 1 2	21. Eats too much	0 1 2	62. Suspicious
0 1 2	22. Fearful of men in general	0 1 2	63. Thinks they are someone or something else
0 1 2	23. Fearful or nervous at bedtime	0 1 2	64. Thinks other children are better than him
0 1 2	24. Fears they might be molested	0 1 2	65. Too compliant (over-conforms)
0 1 2	25. Fears they might do something bad	0 1 2	66. Too dramatic (false emotions)
0 1 2	26. Fears you will reject him	0 1 2	67. Too friendly with strangers
0 1 2	27. Feels ashamed	0 1 2	68. Too independent
0 1 2	28. Feels worthless or inferior	0 1 2	69. Too jealous
0 1 2	29. Finds it hard to make decisions	0 1 2	70. Treats you as though you were the child, and they were the parent
0 1 2	30. Gets hurt a lot, "accident prone"		
0 1 2	31. Gives up too easily	0 1 2	71. Tries too hard to please other children
0 1 2	32. Gorges food	0 1 2	72. Tries too hard to please you
0 1 2	33. Has a low opinion of himself	0 1 2	73. Turns friends against each other
0 1 2	34. Has an imaginary friend	0 1 2	74. Uncaring (shows little concern for others)
0 1 2	35. Has nightmares	0 1 2	75. Very forgetful
0 1 2	36. Hides feelings	0 1 2	76. Wants to be treated like a baby, or a toddler
0 1 2	37. Hides or stores food	0 1 2	77. Wary or vigilant
0 1 2	38. Hugs men, other than relative or male carer	0 1 2	78. Withdrawn
0 1 2	39. Is convinced that friends will reject him	0 1 2	79. Won't attempt new activities
0 1 2	40. Is fearful of being harmed	0 1 2	80. Won't communicate with other children
0 1 2	41. Lacks confidence	0 1 2	81. Worries that something bad will happen to you

Assessment Checklist for Children – Adapted Version. Version 1 – Lise Forsyth – 16th October 2012
(Michael Tarren-Sweeney, 1996)

Assessment Checklist for Children
Adapted Version

Please turn over to complete part 2

PART 2 Please note that the instructions are different on this page.

On this page only

- circle **0** if the behaviour **did not occur**
- circle **1** if the behaviour **occurred once**
- circle **2** if the behaviour **occurred more than once**

0	1	2	82. Asks to be physically punished	0	1	2	101. Kisses with open mouth
0	1	2	83. Attempts suicide	0	1	2	102. Masturbates at home in view of others
0	1	2	84. Bites himself	0	1	2	103. Masturbates at school, or in public
0	1	2	85. Causes himself to vomit	0	1	2	104. Picks at sores or injuries
0	1	2	86. Causes injury to himself (describe):	0	1	2	105. Requests to be harmed
				0	1	2	106. Rocks back and forth (describe):
0	1	2	87. Cuts or pulls out his hair (describe):	0	1	2	107. Says their life is not worth living
0	1	2	88. Cuts or rips their clothes (describe):	0	1	2	108. Sexual behaviour not appropriate for their age (describe):
0	1	2	89. Describes how they would kill himself	0	1	2	109. Sexual intercourse with another young person
0	1	2	90. Describes or imitates sexual behaviour				
0	1	2	91. Distressed by traumatic memories	0	1	2	110. Sexual relations with an adult (describe):
0	1	2	92. Does not show pain if physically hurt	0	1	2	111. Shows sex parts to children (other than siblings)
0	1	2	93. Extreme reaction to losing a friend, or being excluded by other children (describe):	0	1	2	112. Starts rude conversations, tells jokes about sex
				0	1	2	113. Talks about suicide
				0	1	2	114. Threatens to injure himself
0	1	2	94. "Flirts" with strangers	0	1	2	115. Threatens to kill himself
0	1	2	95. Forces or pressures children into sexual acts				
0	1	2	96. Has blackouts or periods of amnesia	0	1	2	116. Throws himself against walls, onto floors, etc (describe):
0	1	2	97. Has panic attacks (when?)	0	1	2	117. Touches or puts mouth on other person's sex parts
0	1	2	98. Hits head, head-banging	0	1	2	118. Tries to involve others in sexual behaviour (describe):
0	1	2	99. Intentionally harms himself with knives or implements (describe):	0	1	2	119. Unhealthy drinking (e.g. from discarded drink bottle, from toilet bowl) (describe):
0	1	2	100. Intentionally swallows dangerous substance to harm himself (e.g. medication, poison) (describe):	0	1	2	120. Won't say when physically hurt

Assessment Checklist for Children – Adapted Version. Version 1 – Lise Forsyth – 16th October 2012
(Michael Tarren-Sweeney, 1996)

8.10. Appendix 10: Participant Debrief Information Sheet

Participant Debrief Information Sheet

Title of Project: **How do Foster Carers Experience Difficult to Manage Behaviour in Light of their Attachment Experiences?**

Name of Lead Researcher: Miss Lise Forsyth, Trainee Clinical Psychologist

Dear Participant,

I would like to thank you for agreeing to participate in this research. Your help and contribution is very much appreciated.

If you would like to learn more about this study and its outcome, please do not hesitate to contact me by email, at liseforsyth@nhs.net or telephone on 01383 565400. Alternatively, you can contact my clinical supervisor Dr Marie Renaud, Consultant Clinical Psychologist at marie.renaud@nhs.net or by telephone on 01383 565400.

This study is not intended to upset you in any way. However, the interview may have raised some issues or concerns for you. If you feel you need information, advice or support about some of the issues raised in this study and/or your interview, you can contact the lead researcher, Lise Forsyth. Should your issue or concern be out with the lead researcher's area of expertise she will signpost you to an appropriate service.

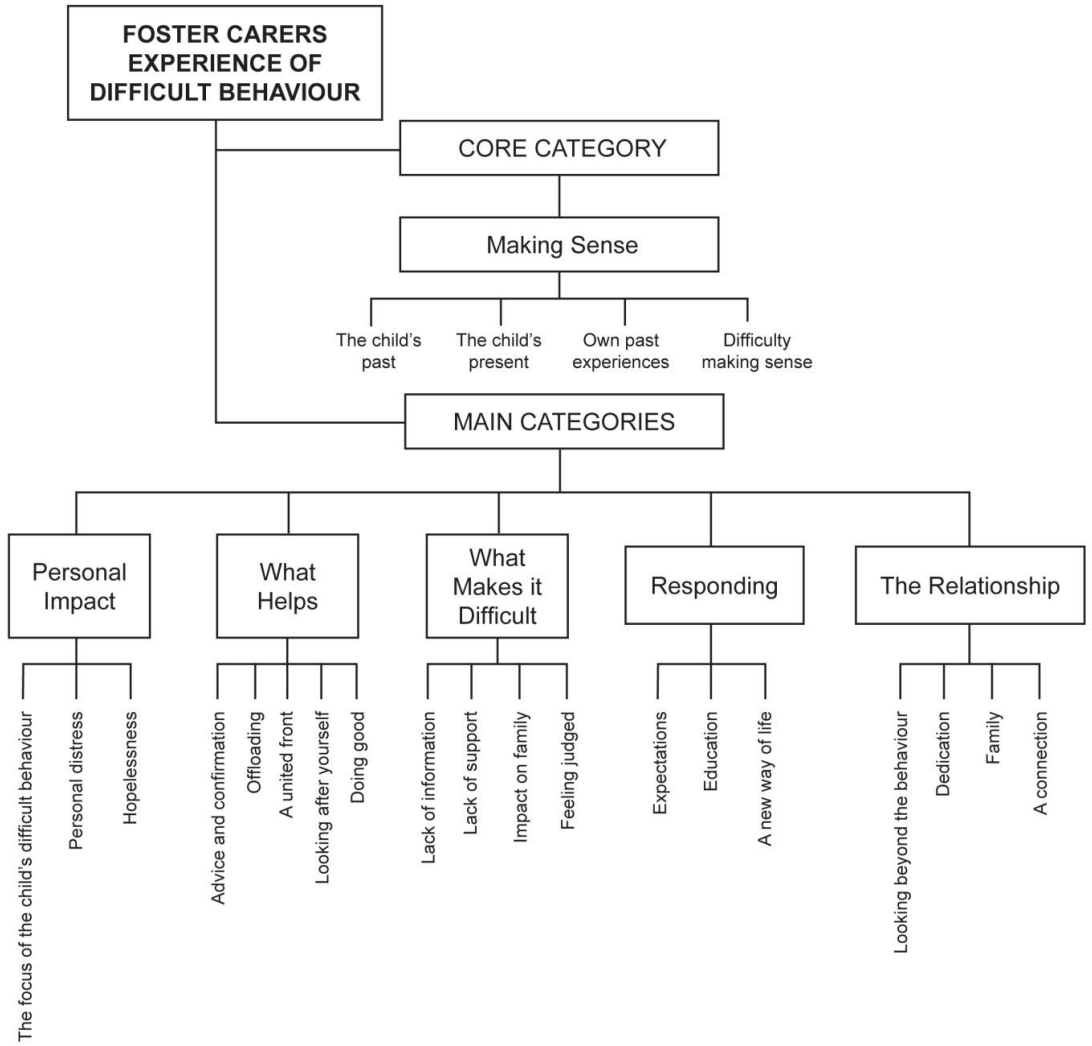
I would like to thank you for your time and consideration.

Yours sincerely

Lise Forsyth
Trainee Clinical Psychologist

Participant Debrief Sheet Version 1 – Lise Forsyth – 9th July 2012

8.11. Appendix 11: Organisation of Themes and Categories



8.12. Appendix 12: Additional Main Categories

8.12.1. Main Category – What Helps

The second main category of foster carer experiences related to 'What Helps'. All eight of the foster carers participating described seeking support from others in order to manage caring for a child who presents them, at times, with difficult to manage behaviour. Such help seeking behaviour took a number of forms and provided various experiences. Foster carers described receiving support from professionals, family and friends, or other foster carers, which they describe helped them to manage their stress level and cope with the child's difficult behaviour.

Advice and confirmation

Seven Foster carers described being helped by others to be reflective and make sense of the behaviour their child was presenting with:

Excerpt: Faith described receiving help to understand Eva's perspective in relation to a consequence involving not letting her go to her weekly club:

"Because it was all to do with how Eva perceives the world em and she says [therapist] *'well you might be able to do that with your own children and its o.k. because they know that next week you're going to take them' she says 'but Eva doesn't see the world like that, that life is going to go on, it's just she's in that moment and that's all that counts is that moment to her' and so I was like okay. So, but I'm actually quite open to somebody telling me something eh and I will take from it what I want to take from it, eh, I won't always take something that someone says as gospel".*

Excerpt: Betty described being helped by Zack's therapist to connect with Zack's perspective:

"I remember saying to [name of Zack's therapist] (...) *'I just wish sometimes that I could be Zack, just for one day. Just to see how he felt and, you know, see why he reacts the way he reacts and understand more'. And she said 'you don't really want to, do you?' she says 'you wouldn't really want to be him, not even for one day'.*

She says 'I don't know if you would cope with what he copes with in a day' she says 'all the feelings and emotions that he will go through' she says 'I don't think that it would be a good idea for anyone to be him for a day'".

Excerpt: Rose:

"I'm lucky, I've got people I can speak to who know Olivia, who have worked with her for quite a while, um, who can support me in how I'm feeling and how I treat things".

Six foster carers described finding it helpful to receive confirmation from others when seeking support in caring for a child:

Excerpt: Rose:

"Em, I've also, I see [name of therapist] (...) *it's just my chance to speak about some of the things that have gone on and for her to say 'look carry on doing what you're doing'. It's a confirmation or reaffirmation that I'm doing, I'm doing it right".*

Excerpt: Rachel:

"... sometimes all you need is someone there to say you did well in that situation, or 'yeah that was good but maybe try this next time' and just to to have some sort of feedback instead of sitting there thinking 'did I do the right thing?', 'what could I have done better?' or things like that. Getting another perspective (...) *getting feedback does help a lot".*

Excerpt: Liz:

"... she is a psychotherapist at the children's hospital, (...) *and I met her three times, and she made other people listen because she, when she was asking me questions and confirming that the things that I put in place are the right ones and to continue with them* (...) *that was massive, that was absolutely massive".*

The foster carers who participated all emphasised an awareness of the complexity of being a carer and the importance of seeking support when needed. When seeking support from others advice, education and training were highlighted as important by all eight foster carers when coping with difficult behaviour:

Excerpt: Rose:

"... it's going out and, and speaking to other people. Being open and eh ... not rely on yourself because you can't do it yourself. It's too big a job [laughs]".

Excerpt: Betty:

I'm not afraid to ask for help (...) *either from social work or from, from anyone, you know* [uh huh] *from any professional at all, and I think that's the way to go. To go to the professionals, you know, if you try to work it out yourself and you can't then don't faff about with it, you know, em, because you're wasting time and you can, and that's when everything starts going pear shaped".*

Excerpt: Liz highlighted the benefit of meeting with other foster carers:

"... ask other carers who are experienced or maybe in the similar situation em, (...) *we have, it's called good practice group that we meet every couple of months* (...) *and we meet and we share and that helps. Everybody will come up with something that we didn't experience.* (...) *Sharing other peoples experience, you know, getting ideas that have probably slipped your mind or even feeling better sometimes 'oh, I'm better than somebody else',* [laughs] *'there's somebody worse than me'* [laughs] *which is really good...".*

Receiving education through training was also highlighted (Donna, Liz, Emily, Faith and Betty) as a source of information and advice:

Excerpt: Betty recalled her first experience of fostering being very difficult:

"*But then I realised that you know, the failure basically was because I was uneducated as to what I was doing and what I was facing and, em, I decided to try and not let that happen again, you know.* [Mm hmm] *I had to know a bit more about handling these children and the way to go about it and understanding a bit more about it, and I think that that's the key, it's education. You know knowing what you're doing is half the battle".*

Excerpt: Liz:

"Grab any training that you can get [okay] *and never think I've done it , I've been there done it got the t-shirt, no chance".*

Excerpt: Emily:

LF: ... how do you make sense of those behaviours that Hannah presents with?
" I just make sense of it quite easily because of the training I've done, but without the training I would never be able to make sense of any of it".

Offloading

All eight foster carers emphasised the importance of having someone, or somewhere to offload when trying to cope with a child who presents them with difficult behaviour:

Excerpt: Cathy:

"... just to be able to offload, em, you know and clear out a lot of stuff out of your head and for me a lot of it, as soon as I was talking to [name of therapist] *about it I'm thinking 'I know that'* [Yeah] *'I know that', 'I should have known that', and on whatever level I do know that".*

Excerpt: Rachel:

"... just being able to say to somebody 'I feel rubbish' can make all the difference".

Excerpt: Donna:

"... we have a very, very good link worker, em, that we can kind of go to (...) *I can phone her and I can say 'yeah, I've had a really, really crap day today' and you know, I know it isn't going to be taken out of context. I know that they're not going to be going 'oh my God the placements going to end' or anything".*

Excerpt: Emily:

"...my friend [name of friend] *who's both children have been inappropriately touched by Hannah, but she has stuck by me other people drift away, she stuck by me I talk to her about pretty much anything. I know that I'm not suppose tae but my thought is you have to talk to somebody or you'll explode!".*

Excerpt: Faith

"... I speak to [husband] *and other people, and I find that being open about it as well, about, I can go to my niece who's grown up and has her own children and just sit down and say 'God what a crap week I had last week'* [laughs] *and just 'phfew' dump it all out and dump out all the negative stuff. I don't have to try and get my head around why it's happening and why it's not happening or look beyond the behaviours, just 'phfew', download the whole thing out and then that's it, it's gone".*

When offloading the need to feel comfortable and in a nonjudgmental space was emphasised:

Excerpt: Cathy:

"Yeah but I think it's just so important to have someone or somewhere to go to to offload [Mm hmm] *things and just, you know to give you that space, sort of nonjudgmental space, you know, because foster carers talk about other people, judge them and stigma that's attached to foster care kids and things like that".*

Excerpt: Faith:

"Yeah I need someone you can just kind of, and not dress it up you know 'cause if you're talking to your link worker you've always got to be, be kind of aware of what you are saying and how you say it because it might be perceived the wrong way, (...) *but I know that I can go to* [niece] *or I can go to my sister and just 'phfew' and they're not going to think 'you've done something to that bairn', ken that bit of just because you've come out with something in a particular way you don't need to mind your Ps and Qs with them, you don't have to, you know, be politically correct* (...) *just let it out and I think that in its self is good".*

Other carers were identified by four participants as important when offloading as they are able to share their experiences together, which brings comfort but also valuable advice:

Excerpt: Cathy:

"... you can offload and you can, it can be a bit of a "greetin' meetin'" but to know it's, it's not just you, and it was so important for me because I thought you know the world was full of all these mother earth foster carers that were always 'there, there' and didn't get upset when kids trash things and do whatever have the screaming ab-dabs and think, actually I don't know if there are actually any of those out there, you know".

Excerpt: Rose:

"... one of the good things about [name of fostering agency] *is that it's, particularly permanence part, is it's quite a new group and eh, the parents have eh they're all quite supportive of one another, eh, which is lovely because it's a real life situation, it's real people dealing with real situations".*

Excerpt: Betty:

"Well I have a friend around the corner who is a carer (...) *we support each other in a lot of ways she's a very clever lady too (...) she's well read and she knows her stuff".*

A united approach

Four foster carers specifically emphasised the importance of having a supportive and united family approach when coping with a child who presents them with difficult to manage behaviour:

Excerpt: Cathy:

"... [name of partner] *and I, em, we're really singing from the same hymn sheet, certainly in front of Ella so if we disagreed about something we did it in our own time you know* (...) *there was always a united front".*

Excerpt: Donna:

"Myself and my husband we have a fantastic working relationship, [Good] *as well as a good relationship* [laughs]".

Excerpt: Betty:

"I think having a strong family unit in the first place is good...".

Looking after yourself

Looking after yourself as a method to coping with managing a child's difficult behaviour was identified by four of the foster carers who participated. The form in which looking after ones self took varied and was very personal to each individual:

Excerpt: Emily:

"... fae the first time I went [hypnotherapy] *I just felt so much lighter so much more ... I shout less, I get myself all worked up less, it just enables me tae manage them without kind of my stomach being all in knots and not being able to relax, and the occasional glass of wine at night.* [Yeah] *That's my support network, my hypnotherapy, my antidepressants and a wee glass of Shiraz.* (...) *when I got to rock bottom and went to the doctors I knew that if I didnae look after myself I couldnae look after my family, never mind my extra family".*

Excerpt: Faith:

"... I build in 'me' time now [Right] *I never used to, when (...) she goes to bed at seven o'clock that's it, I can go and read my book or I can go and do what I want to do and, em you know, and em just do my own thing* (...) *I need that, just to be able to*

do what I want to do when I want to do it because if I didn't get that (...) *I would be a bear with a sore head".*

Excerpt: Liz:

"My faith helped, you have no idea. I know people don't allow you faith now, or they think it is out of fashion. I really don't care what they think, if it is helping me it is helping me".

Doing good

The thought of doing something good for the child and seeing a difference in the child because of them being in your care was identified by six foster carers as being helpful when coping with difficult behaviour and remaining motivated and engaged:

Excerpt: Emily:

"It is the wee things that keep you going (...) *just the fact that they're both able to learn, they're both at school taking in,* (...) *I picture a head that's full of mince and there is no room for the education, it's not that they're thick* [No] *it's the fact that there's no room and yet they are both managing to be educated and take it in and it's because they're here and they're stable that they've got the room in their head to do that".*

Excerpt: Rachel:

LF: What helped you to cope with Sam's difficult behaviour?
"Eh, ... {2 secs} the the thought that you're actually doing some good."

Excerpt: Faith:

"... she has been so shut off and now she's not, em, so what we're doing is working".

Excerpt: Liz:

"... I do get a lot of satisfaction, and thinking that there is a hope, there is always a speck of light in the very far end, that somebody will be helped and given a better chance, maybe better chance, definitely a better chance than what I was given".

8.12.2. Main Category – What Makes it Difficult

All eight foster carers spoke of factors which added to the difficulty of caring for a child with behaviour that was, at times, challenging. Their experiences fell in to four subcategories. Four foster carers spoke of lack of information. Three participants described feeling a lack of support. Four foster carers shared their negative experience with regard to the impact on their family. Finally, three participants experienced feeling judged by others which added to their difficulty in caring for their child.

Lack of information

Donna, Liz, Emily and Rose described their experience of fostering being made more difficult due to the lack of accurate information available to them:

Excerpt: Rose:

"... the paper work which we were given before we met the children actually bore, and continues to bear, no resemblance to the children that we have".

Excerpt: Liz:

LF: And knowing the child's history does that kind of, em, lead you to expect anything when they arrive in your care?
"Eh... (...) *very seldom we are told, and the papers in general are incomplete".*

Lack of support

Faith described her experience of caring for a child with a complex presentation indicative of her needs that was made more difficult by a lack of supervision and support:

Excerpt: Faith:

"... she's not the only one who's very complex, we're all very complex and, em, as a foster carer I don't think we get enough supervision full stop, [okay] *and that's always been, I mean, we're suppose to, I'm saying because I've never ever had it ken two, em, sets of supervision in a year that is just not enough, you know, and I think that's where part of the system falls down for children".*

Excerpt: Emily:

"Simply because the support's not there".

Impact on family

The negative impact on the foster carers biological family was highlighted as an issue that impacted on their experience of caring for looked after children:

Excerpt: Emily:

"I dinny think I realised the affect it would have on [name of daughter] *definitely".*
LF: Mm hmm. In what way?
Her behaviour (...) *she's always fighting for her place".*

Emily later went on to express how she feels about the affect fostering has had on her daughter:

Excerpt: Emily:

I know that I didn't mind [name of daughter] *as much as I should have because my focus was on these kids that had been through so horrific experiences. My child was fine, because she had all this and I think this is why the behaviour got so bad because I took my eye off the ball which I'll feel eternally guilty for. I've realised now what's happened and I've changed things now but she went through almost over two years of feeling* (...) *she was the lesser".*

Faith described only realising the affects on her children when they came back to her in later years and expressed the difficulties they had experienced being raised alongside looked after children:

Excerpt: Faith:

"... there has been some negative bits that have impacted on my own children, [okay] *and these you don't, kind of, become aware of until they get older and then throw it back at you when they are a teenager of something you've done or said or 'why did they get away with that?' 'I didn't get away with that', you know. That, because you, it's like you're living double standards because what you do with your own children is not necessarily what you would do with a foster child* (...) *it was only once my own children actually started feeding it back to me that I was like 'oh my God!, oh my God! I'm a bad mum!' you know* [laughs] *em, but you know even now, em, my youngest* (...) *she will say to me you never let us get away with that when we were that age and I'll be like but you've never experienced the experiences that she's experienced so you know that, that's why".*

Excerpt: Betty:

"... it does tell on the family, it does tell on my grandchildren. I know that, because they have seen more in their wee lives than a lot of people have seen in all their lives".

Feeling judged

The sense of feeling judged by others was described by four of the participants. The source of such judgement varied for foster carers.

Faith and Betty shared their thoughts relating to feeling judged by social work:

Excerpt: Faith:

"It's hard to voice to social work if you're not coping because you feel judged and if you're judged then you feel threatened by them, and that's the case for a lot of carers, you know. And even, I mean, and I still adhere to that as well, there's things I just wouldn't say to a link worker (...) *and I've had years and years of experience and there's things I just would not say to them because, em, you are perceived as not being able to cope.* (...) *They* [social workers] *have to get better at helping us to deal with the emotions that we feel when things happen, or children leave, or behaviours are happening, they need to get better at being in touch with us about that, but carers just feel judged by them...".*

Excerpt: Betty:

"I had one very bad experience with a social worker that, we just didn't hit it off at all. Em, she came in and, (...) at the latter end of working with Zack, and em, it was very demeaning to me personally (...) *so she came to me and I said* (...) *'it's your*

whole attitude you're making me feel', you know, 'as if I'm not doing my job right' and I says I, just having to write everything I'm doing down and all the rest of it, (...) *I keep a very good diary, but I've never been asked to relate in such, em, basically tell her how I was earning my money".*

Emily and Liz described experiences whereby they felt they were being judged by others for the way they are managing difficult behaviour.

Excerpt: Liz described feeling judged by members of the public on a number of occasions:

"I get criticised, em by public, by members..."
LF: Has there been an incident where that has happened?
"Oh yes, more than one. (...) *One day we were in Lidl, and he likes things that got smell, scented things, toiletries, and we finished everything, we stood in the queue, unloading the trolley, and suddenly Jack's disappeared and I hear a scream* (...) *his face is covered with shaving foam, that went into his eyes. (...)* [I] *wipe his face and I said to him we don't need it, you don't need to shave and you know the rules that costs money you're gonna have to buy it now* (...) a*nd a woman said, 'bloody p***s they don't know how to handle their kids'* (...) *I normally ignore, this time I didn't* (...) *and I said to her 'to start with it's none of your business, second there's nothing wrong with Pakistanis that make you a racist'* [indeed] '*but just to let you know I'm not a Pakistani, third do not interfere in to other people's business, you are very rude, you are prejudice, you have no patience'.*

Cathy shared her experience of feeling judged by other family members when managing Ella's difficult behaviour:

Excerpt: Cathy:

"... you've got all the outside influences, you know, you've got the likes of my mum going 'oh well I would just get her told this' and 'I would just do that' and you think, well that's fine but you're not there, you know, you're not dealing with it...".

8.12.3. Main Category – Responding

The way in which the foster carers described responding to the difficult to manage behaviour they experienced with the children they looked after fell in to three main sub-categories. Foster carers' responses predominantly took the form of education, providing the child with a positive new way of life and finally positive behaviour management in order to build the child's self-esteem and reinforce good behaviour. Foster carer's expectations of the child were highlighted as a starting point from which they then developed their strategy of how best to respond.

Expectations

Half of the participating foster carers described their decision making process, when it came to responding to difficult behaviour, being influenced by their expectations of the child in light of their histories. Donna, Faith, Liz and Cathy spoke about holding in mind the "age and stage", that is, responding to the child not based on their chronological age but on the stage they needed to be at in order to have their needs met.

Excerpt: Donna:

"... if somebody's age and stage is three or four then you cannot expect them to manage something as an eight or nine year old would [Yeah] *you know, that, that's not realistic".*

Excerpt: Cathy:

"... she is ten but on a lot of levels she's not she's five or three, depending on what, what's going on in her life, you know so I'll say that to [name of partner] *'you wouldn't expect a three year old to keep their room tidy' and I said a lot of the time she's like a three year old".*

Excerpt: Faith:

"Whatever age you think they're acting that's how you've got to respond to them, at that age. So if you're nine year old is lying on the floor kicking and screaming like a two year old treat them like the two year old because that's what they're looking for,

you know. If they want to regress to an age and that's where the behaviours fit then that's the age you have to treat them at".

Excerpt: Faith went on to share her understanding of why Eva sometimes behaves younger than her years:

"... she went back to that childhood age where, em, I had to do absolutely everything for her even though she was like four or five at this time (...) *she had to sit on my knee at the tea table, I had to feed her and would just do it because I thought we need to go back to the stage so that you can come forward again* [Mm hmm] *and, em, but I thought, I thought I would get a sense of when she was taking a loan of me ken, but she naturally then wanted to start doing things herself and you know, and become more grown up* (...) *and she still does go back in to it even now that she's seven some of the stuff she does at school is that three year old".*
LF: What do you think that's about? Going back to that three year old?
"I think she is trying to make sense of em ... {2 secs} *how people react to a three year old"*
LF: okay
"Right, so if a three year old is having a temper tantrum you deal with it in a certain way but when a seven year old is having a temper tantrum you deal with it in a different way em, and em, I think she's trying to make sense (...) *I think it's repairing the bit that was damaged there, that bit that she's got to process and go through so that she can come forward again*".
LF: Mm hmm. So it's like somehow she's trying to make sense of her experiences?
"She's trying to make sense of herself".

Education

Educating the child in their care was identified by all foster carers as an important focus in their response to the behaviour that the child presented with. It was often about "re-educating" them in order to deal with the enduring learned behaviours developed in their past. Education took a number of forms and primarily aimed to teach the child appropriate behaviour within the predictable realms of clear boundaries and consequences. Each will be illustrated with example extracts from participating foster carers.

Appropriate behaviour

Teaching the children in their care about appropriate behaviour in any given situation was identified by all eight foster carers as a response they employed when dealing with difficult behaviour.

Discussing with the child what behaviour is not appropriate was identified by 7 foster carers as a method they employed to teach their child appropriate behaviour in order to begin reshaping their behaviour to be less problematic:

Excerpt: Cathy:

"... she'll stroke you in a completely inappropriate manner and I think she kind of did it with [name of partner] *a couple of times when she first came and* [name of partner] *was very clear that you know, that's you know, I'm a grown up and that's not appropriate* (...). *Her sexualised behaviour tends to be much more towards me as in touching me here, you know, wanting to play with necklaces and things like that, or this stroking and things and I've just been very clear with her that it's not appropriate and I don't like it you know so* (...) *and we talk about, you know, the bits of her body that are private".*

Excerpt: Cathy acknowledged the importance of helping Ella develop an understanding of appropriate behaviour and safety believing it was not likely to have been experiences she had when living with her birth mum:

"... other than school we are her world, and you know, we're having to, you know, as I say give her new pathways to work out things that, because she just didn't have them in the past, em, and what's appropriate behaviour, the things that she needs to know about and the things that she doesn't need to know about, because as I say, I think there was no boundaries, em, about privacy and personal information and stuff like that in the past...".

Excerpt: Liz:

"... and keep teaching him about what is appropriate and what is not appropriate, what is respecting your body, what is respecting other people's body, respecting your own space, respecting other people's space".

Excerpt: Liz emphasised the importance of his personal safety when she taught Jack about what behaviours are appropriate:

"*... for him, to make him understand that he shouldn't allow everybody to touch him because he is fearless when it comes to strangers and he will talk to anyone".*

Excerpt: Rachel describes explaining to Sam about appropriate behaviour and an acknowledgement of where his difficult behaviour stems from:

"... hitting is never acceptable, no matter what the reason, it's never acceptable, and he, and I said to him 'no one deserves to be hit' and he says 'but I hit you' and I said 'yeah and I don't deserve it either' and he agreed with me. But this was all stuff from his past where he had seen it".

Excerpt: Donna describes teaching Charlie about socially acceptable behaviour and values by explaining and giving consequences:

"... 'if someone has taken the time to buy you a gift you do not treat it like that [breaking it] *you will look after the things that have been bought for you, and if you can't look after them, and that's how you're going to behave then I will take them away from you until you learn to look after them in a better manner'".*

Clear Boundaries

Giving the children in their care clear boundaries was identified as a method used to manage difficult behaviour by seven foster carers:

Excerpt: Betty gives an example of her use of boundaries and also her impression of how it affected Zack:

"... there was quite strict rules around Zack, and I had to enforce them and it wasn't, it was based, a lot of it was based on games (...) he was allowed age seven games until he was twelve, [okay] you know, so he wasn't allowed anything that was violent (...) so he had the added sort of stigma of going to [name of therapy service] three times a week for therapy, he wasn't allowed to play any of the games that his friends were playing. He wasn't allowed to the play park without myself because it was a danger area for him so it made it very, very difficult for him to be an only child".

Excerpt: Cathy:

"So, you know she has very strict boundaries and as I said [name of therapist] *will say that to me 'but you're not dealing with a normal child'* [Yeah, uh huh] *and Ella is clearly thriving, you know, with the boundaries* (...) *to keep her safe.* (...) *I never just sort of lay down rules or whatever I always try to explain to her why I do things or why I want her to behave in a certain way...".*

As illustrated by the above excerpt from Cathy, boundaries were identified as a method used to keep the child safe, but also to keep others safe in relation to the child's difficult behaviour:

Excerpt: Emily described clear boundaries specifically related to managing the risk of sexualised behaviour:

"... there's no tents or hidey-holes or anything like that but she constantly tries to build tents and get [name of daughter] *in things and under things and she still does it now* (...) *generally she's well behaved but she simply won't follow that one rule* (...) *and obviously that makes me uncomfortable because* [name of daughter]*'s too naive to pick up on anything like that".*

Consequences

The use of consequences, when managing difficult behaviour, was identified by all eight foster carers who participated:

Excerpt: Donna described her use of consequences with Charlie and their importance in educating him about making choices in life:

"... we do put a consequence in place I think it's really relevant that he understands there has to be a consequence. The consequence at the school is, you know, that he has been sent home that they can't have him in school that day because of what he has done, you know. And normally what we would say is 'right, okay then, you know something? You'll not get television' you know or 'you won't be getting to go and do such and such, and that's a shame but you know you have to understand that the choices are there to be made' you know. At the point where he becomes eighteen, twenty he needs to make the right choices in life, he's not going to have someone turning around and saying to him 'it's because you've been in care'".

Excerpt: Rose shared her experience of using consequences as a way of teaching Olivia about choices, however she found this to be difficult for Olivia to understand:

"Both Olivia and [her brother] *have up until now, they have had, had difficulty in understanding consequences. Em, 'if you do this or if you act in this way this is the result. Whether that result is is good or bad, or positive or negative, there is always a result and it's up to us to decide to choose for ourselves what we are going to do and we have to stop and think, about whether the result is going to be positive or negative', and eh Olivia still has problems with that".*

Excerpt: Cathy describes consequences providing a sense of safety and predictability alongside clear boundaries:

"... she feels safe because she knows what happens in this house, and if she does A the result will be B. We do a lot about consequences because when the girls came they were used to being smacked and things like that, and I said 'we don't do smacking but what we do do is consequences'. [Mm hmm] *You know, and it can be good consequences or bad consequences.* (...) *There's a consequence to your behaviour and how you're acting".*

When discussing consequences, foster carers generally described remaining consistent whether they were at home or in public. Four foster carers (Rachel, Donna, Faith and Rose) highlighted their primary reasons for responding differently would be due to environmental variables or the fear of being judged by others:

Extract: Rachel:

"In public it is just a case of, eh, anything you could do to, eh, kinda like, if you were down the town it was how quick you could get back to the car [okay] *if you were in the car it was, 'is it safe to be driving?', 'how quick can I get home?'. It was all about, if there was a kick off in public it was about how quick you could actually get back to the home environment.* (...) *When there's a child shouting and swearing, eh, 'you're nasty to me!, you hate me!, why don't you love me?, why won't you keep me?', and things like this you do think 'oh my God people are going to think I'm the worst person ever!".*

Extract: Rose:

"When we are out we have eh we have given them right o.k. you've got 3 warning (...) *you don't threaten without meaning to carry it out em and it has to be, it's trying to find something that is important to them. Eh, like their magazine or something like that. Eh, but yeah I have walked out out in the middle of the shopping and just left the trolley and said right we're going* (...) *em, I suppose in a way you have to be slightly different. There's an element of freedom in the house* (...) *time you know, I couldn't do that outside so there has to be, you have to adapt".*

Negative case

Emily was the only negative example. She described the use of certain consequences as futile due to her sense that Hannah did not value her possessions:

Excerpt: Emily:

"We've tried all different things but now if you take somebody else's stuff without asking they get to keep something of yours, [Alright. Okay] *still doesnae work* (...) *you would think it would make sense but because they dinnae value new stuff...".*

A new way of life

All eight foster carers described responding to the child in their care who presented them at times with difficult behaviour with an experience that was positive and provided them with something different to how they had lived prior to coming in to their home. Essentially, foster carers described a wish to provide the child with a positive new way of life.

Positive values

All eight foster carers described part of their focus, when managing difficult behaviour, was to continuously nurture the child's positive values such as respect, honesty, trust, hope and compassion towards themselves and others:

Excerpt: Betty:

"Respect is one. I think that's a big thing".
LF: Respect, what do you mean by that?
"Well, I think that you have to respect other people's feelings and the way that you act towards them, and I expect them to do the same. (...) *I think it's a respect thing, and I think that to say 'please' and 'thank you' is a very small thing but it means an awful lot* (...) *especially when it's a bad time you're going through. You know if a kid says, 'I'm sorry' sometimes you think* [laughs] *'why did they have to say that?', 'I hated them right now', you know. But that's the saving point, sometimes just that little bit of respect and so I do look for it and I do give it out as well".*

Excerpt: Cathy described the importance of providing Ella with compassion through the message that she is not to blame for her situation:

"I'm also very clear to her about, you know when [name of biological sister] *is saying 'this is all your fault' and saying 'well actually no it's not, this is about the adults'. Em, and I can let her know that, you know, she's in care because of what her mummy's done and her daddy's done and her step-daddy,* (...) *trying to put it in an as non-judgmental way, because I'll say 'sometimes things happen you know in peoples life and they have no control over it' but I'll say 'you know it's the adults that have caused you to be here, you've not done anything wrong'".*

The development of positive values as a method of shifting difficult behaviour was also modelled to the children as a way of teaching them:

Excerpt: Cathy:

"[I'm] *very honest with her if, em, if I make mistakes. And again I think she really appreciates that because I'll say sorry I'll just say 'you know what actually I don't think I handled that very well Ella' you know em, and she, you know you can see that she actually she likes the fact that as a grownup we can be wrong you know and that we're prepared to say to her 'you know what, actually we got that wrong' and I'll say that to her you know 'I try my best but I'm not always going to get it right Ella you know and if we get it wrong this time then hopefully next time I'll get it right,* (...) *we just don't always get it right because we're human'".*

The foster carers identified the main purpose of trying to develop such values was to help the child reduce the risk of repeating their earlier life experiences and to give them hope of a bright future:

Excerpt: Rose:

"... it's just to let them know (...) *there are good people and bad people but it's who we are ourselves, it's what we make of ourselves that's the important thing. And also there are no obstacles too hard to climb,* (...) *Olivia ...* {2secs} *can occasionally sleep with the light out in her bedroom, and she'll say 'I slept with the lamp off' and I'll say 'that's brilliant!'. She doesn't have her nightly nightmares, em, she isn't obsessed with her dad being able to come through the cat flap. Em, she eh, she trusts us...".*

Excerpt: Donna:

"... we do look at things slightly differently, and not being critical of other carers, I just don't think that they have as much of an understanding sometimes and I don't know if it's just more of a bed and breakfast whereas it was never ever about that for us it was more about ... {2 secs} *a home environment, about family experience about, about almost breaking that chain* [Mm hmm] *kind of thing, so that when they go on to their adult life they are taking away some really good experiences you know and some family values* (...) *of their own that they've* (...) *put together themselves which I think is more important".*

Excerpt: Faith:

"I think it's good for her because then she can look for that in someone else when she gets older and in a relationship (...) *and if she's getting a good experience and she repeats a good experience then that's good".*

Positive behaviour management

All participating foster carers described responding to difficult behaviour in a way that was positive in nature. That is, they described attempting to pay more attention to behaviour they wished to encourage, through the use of techniques such as praise and rewards, and discourage more negative behaviours, when it was safe to do so, by employing a more minimal response.

The use of routines in order to make the child's life more predictable and calm was identified as a method used:

Excerpt: Donna:

"... the predictability factor within our home and the routine and the boundaries and everything that we actually do, em, is so clear for Charlie. You know and (...) *the preparation that we actually do for a new experience I think that that's what we're very good at".*

'Picking your battles' and responding to difficult behaviour calmly, with minimal reaction was described by all eight foster carers as advantageous when trying to manage the behaviour:

Excerpt: Faith:

"what has worked is being consistent, and only fighting certain battles. Em, because there's sometimes, even though you think 'no that's a right...', you just let it go because it's not worth pressing all these buttons to have her, em, react..."

Excerpt: Rachel:

"The one, the one I think that works more than anything is the ignoring the behaviours. If there's not a reaction there isn't that back and forth, eh like, 'I'm in charge, no I'm in charge' (...) *if there is no back and forth the behaviour tends to return to some sort or normalcy eh, quicker".*

Excerpt: Rose:

"What hasn't worked is, is getting in to dialogue with them because they will run rings around you. (...) *Um, you do not get in to any negotiations* (...) *you decide on what's going to happen and that's what happens, and you don't stray from it".*

Excerpt: Emily described a minimal response to sexualised behaviour:

"... most of the time it's diversion (...) getting her not to do what she's doing without making a big song and dance of what she's doing".

In order to build up the child's self-esteem and encourage good behaviour four foster carers described their use of positive reactions including praise and rewards:

Excerpt: Cathy:

"... we do lots of, you know, reinforcing the things we do like and trying not to always be focused on the stuff that we don't like about her behaviour (...) *reinforcing how well she's doing, and you know, she gets lots and lots of praise for things...".*

Excerpt: Betty:

"Praising. [Praising, okay] *it's the same with any child, I mean, sometimes it can be so bad almost that you need to really search for something to say 'well done' but there's always something, you'll always find something".*

Excerpt: Rachel described focusing on the positive:

"... trying to stay away from all the negative stuff and trying to be like 'oh, I like you better when you do this' or 'oh, I can see you're just about to do...', (...) *the sort of positive talk was better than the negative talk, trying to steer away from the 'don't do this', 'don't do that'* (...) *as soon as he heard any negative words he was like 'ppfff, I'm gonna be challenging now!'".*

Excerpt: Liz:

LF: What's helpful?
'Reminding him of the rewards (...) *and the rewards will be instant. I won't make him wait for two, three weeks, or until the end of the week* (...) *because he does not have the patience to wait* (...) *and when I say rewards it's not chocolates,* (...) *it's not money, definitely not money, but little things I know he want and he would love to have".*

8.13. Appendix 13: ACC Results

Participant	Child's Pseudonym	ACC Total Clinical Raw Score	T Score	Percentile	Range
1	Sam	69	66	95	Clinical
2	Charlie	84	69	97	Clinical
3	Ella	56	59	82	Clinical
4	Jack	116	≥72	≥99	Clinical
5	Hannah	94	69	87	Clinical
6	Eva	58	60	84	Clinical
7	Olivia	93	69	87	Clinical
8	Zack	61	63	90	Clinical

ACC Clinical Range

BOYS

Total Clinical Score =		
Raw	T	%ile
Clinical range		
99-204	≥ 72	≥ 99
87-98	71	98
85-86	70	98
83-84	69	97
80-82	68	96
77-79	67	96
69-76	66	95
66-68	65	93
64-65	64	92
59-63	63	90
58	62	88
56-57	61	86
53-55	60	84
50-52	59	82
48-49	58	79
45-47	57	76
42-44	56	73
39-41	55	69
36-38	54	66
33-35	53	62
30-32	52	58
27-29	51	54
Borderline clinical range		
25-26	50	50
21-24	49	46
Normal range		
19-20	48	42
18	47	38
17	46	34
15-16	45	31
14	44	27
12-13	43	24
11	42	21
10	41	18
9	40	16
8	39	14
7	38	12
6	37	10
5	36	8
4	35	7
3	34	5
	33	4
2	32	4
1	31	3
	30	2
	29	2
0	≤ 28	1

GIRLS

Total Clinical Score =		
Raw	T	%ile
Clinical range		
106-204	≥ 72	≥ 99
103-105	71	98
100-102	70	98
89-99	69	97
87-88	68	96
81-86	67	96
77-80	66	95
75-76	65	93
73-74	64	92
71-72	63	90
70	62	88
64-69	61	86
57-63	60	84
48-56	59	82
45-47	58	79
43-44	57	76
40-42	56	73
35-39	55	69
33-35	54	66
28-32	53	62
27	52	58
Borderline clinical range		
25-26	52	58
23-24	51	54
21-22	50	50
Normal range		
19-20	49	46
16-18	48	42
13-15	47	38
12	46	34
11	45	31
9-10	44	27
8	43	24
7	42	21
	41	18
6	40	16
	39	14
5	38	12
	37	10
4	36	8
	35	7
3	34	5
2	33	4
	32	4
1	31	3
	30	2
	29	2
0	≤ 28	1

8.14. Appendix 14: Example of Researcher Memos

Example of Process Evidence

Memo written during refinement of the grounded theory diagram:

LEVEL OF REFLECTION AND ATTACHMENT STYLE:

It's become apparent to me when reading and re-reading the foster carer's transcripts that some participants described behaviours with an emphasis on attempting to make sense of it, whether they where helped to do so by the professionals they were in contact with or if it was something they did alone. Some foster carers, for example, mentioned fairly negative inferences about the behaviour the child presented them with, but I think what differs across participants is their level of reflection about it – which, after talking to my supervisor and reflecting myself – is often reflective of their attachment stance, and ultimately influences the quality of the experience itself, and in turn the: "what happens now?", "can I keep them or do I have to let them go for both our sakes?" kind of thinking. Taking this thinking one step further, it would seem that therefore, someone with a secure attachment style would respond flexibly to a difficult or upsetting situation, accessing effective coping strategies and be generally more thoughtful of what is going on for them and the child – they are able to reflect and try to understand.

I think this particular quotes illustrate what I am attempting to describe:

Excerpt: Betty:

" Zack did em, use a lighter at one point in his room to try and set fire to his bed...while he was in it. (...)
LF: How did you understand that? Trying to set light to the bed, what do you think that was about?
"Well, I thought he was just...lots of kids like to set fire to paper and things like that, eh? and it wasn't actually his bedding it was the back of his bed. I think he was just practicing". (...)
LF: What do you think it was with the fire?
"I don't know, just destructive...".

This quote from Betty has been something I have thought a lot about. I personally liked Betty, in my opinion she was a 'salt of the earth' kind of foster carer, caring and warm but takes no nonsense! But sometimes as she shared her experiences I

picked up on a few contradictions in terms of how she understood, experienced, responded to and described her relationship with the boy in her care. She described loving 'Zack', of which I have no doubt, but then every now and then, especially in relation to behaviours that were particularly difficult to bear, she would share quite negative inferences, just like the one above – he's *'just destructive'*, and minimisation of the act itself *'lots of kids like to set fire'*. I had to catch myself from saying, *'but why?', 'why would he burn his bed?', 'has something awful happened to him in his bed?', 'that's his personal space, why would he want to destroy it?', 'what is he trying to communicate through the behaviour?'.* It was at times like this I had to remind myself of my role as a researcher not a clinician. It was not my 'job' to help someone to take a reflective stance in order to understand the significance of the behaviour and ultimately help them and the child to cope and work through the trauma central to, and driving the behaviours.

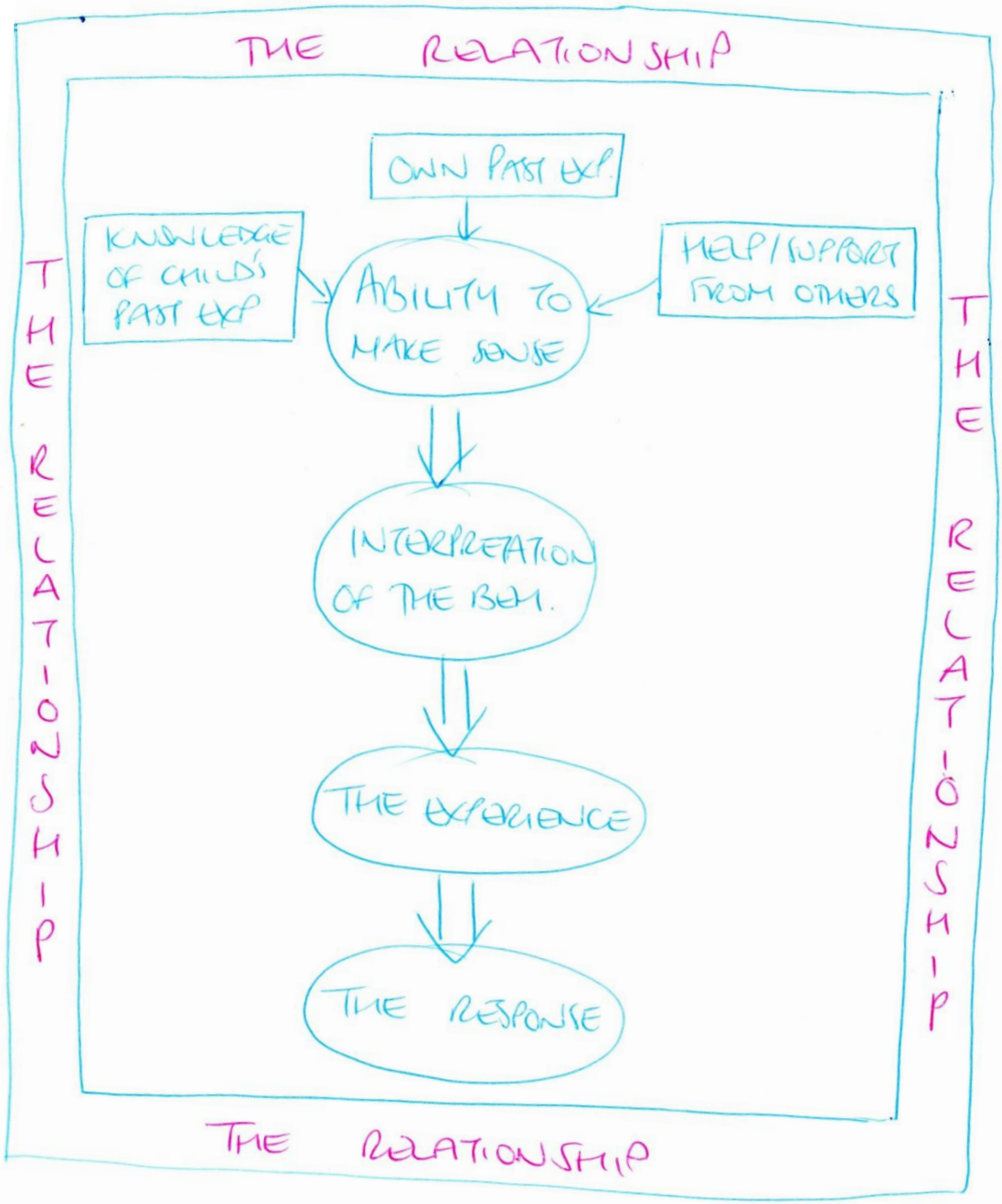
Instead I reflect on Betty's described experience. Maybe it was just too painful to fully reflect on and understand. So did Betty's attachment style influence her level of reflection and understanding? Betty's primary attachment style generated from her RSQ results was secure with a close second highest score in the preoccupied style. To remind myself the preoccupied attachment style is characterised by a negative self and positive other model with features according to Bartholomew and colleagues (Bartholomew & Horowitz, 1991; Bartholomew & Shaver, 1998; Griffin & Bartholomew, 1994) including:

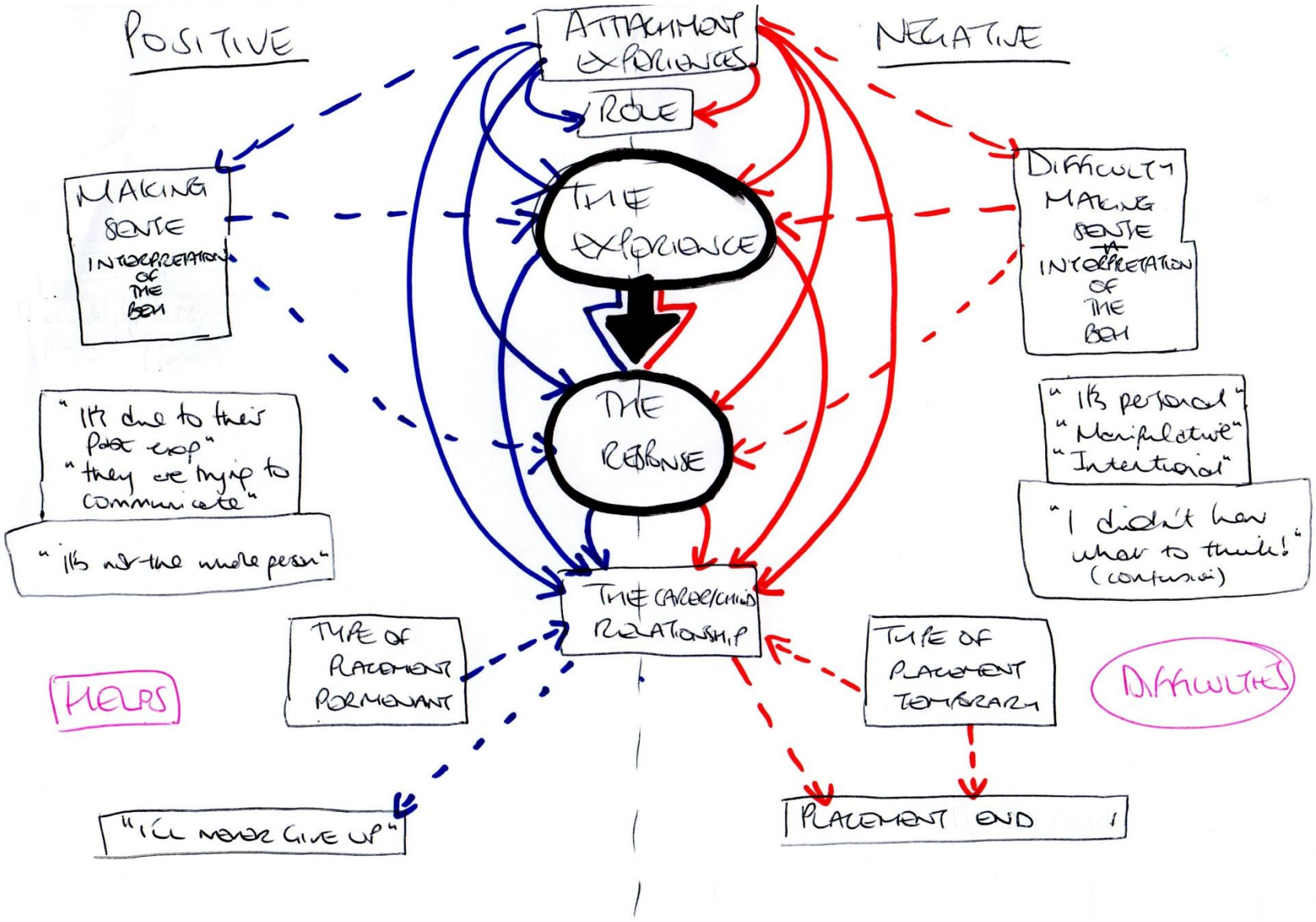
- A tendency to shift between idealising and devaluing significant others, frequently contradicting themselves, and, in general, show a lack of clarity and objectivity in discussing close relationships.
- Emotionally reactive and emotionally expressive. When confronted with problems or upsetting matters, preoccupied individuals react very strongly or overreact.
- They have difficulty in dealing with problems without others' help.
- Negative self-model. Little confidence in themselves and tend to be highly dependent on others for self-esteem.
- Positive other-model. They desperately seek the company and attention of others and tend to be overly demanding of closeness in relationships. Very affectionate.

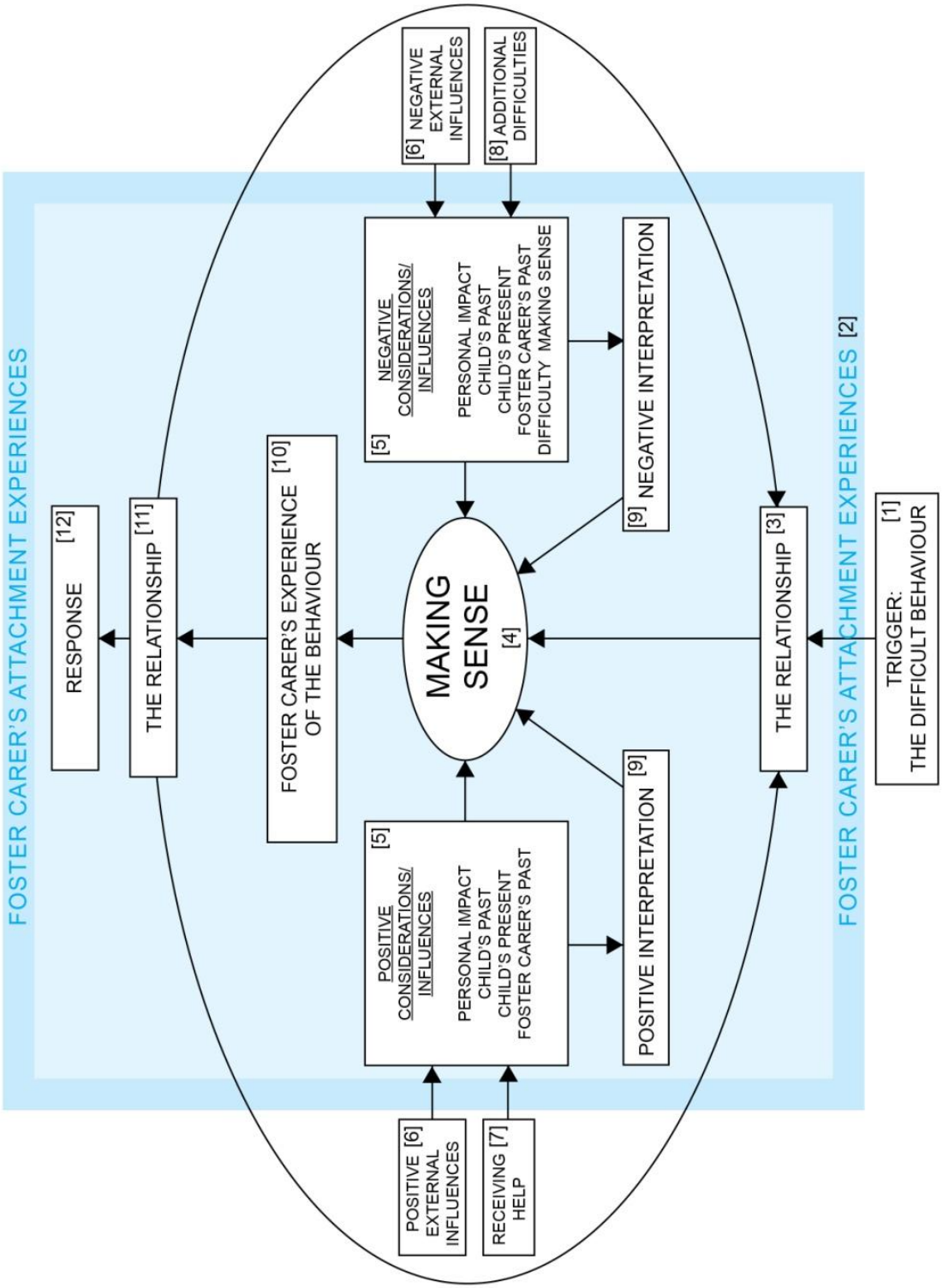
- Preoccupied individuals have a hard time breaking off relationship, sometimes remaining in relationships despite severe problems.

When thinking about Betty this addition of attachment information helps me to understand how attachment style can influence the level of reflection the individual is able to achieve. For example, Betty did express contradicting statements about her experience of the behaviour. Additionally, Bartholomew and colleagues suggested that the positive other model of the preoccupied individual masks a less conscious negative model of others, with the tendency to idealise others acting as a defence against acknowledging that significant others are, at least at times, uncaring and unavailable. This too, I think, demonstrated by Betty in her sharing past experiences regarding violence in her family when growing up. So I believe through relationships experienced in her adult life she was able to experience positive attachments, and this is reflected in her strong base in the secure attachment category, but the preoccupied attachment score also serves to help understand the level to which Betty was able to reflect on and understand the behaviour Zack presented to her, which in turn, impacted greatly on her experience. Unfortunately when I met with Betty, Zack had already left due to her experiencing a 'breaking point' where she no longer felt she could care for him. I'm left wondering if her attachment style unconsciously contributed to this unfortunate ending.

8.15. Appendix 15: Examples of Researcher Diagrams




POSITIVE
NEGATIVE
ATTACHMENT EXPERIENCES
ROLE
MAKING SENSE INTERPRETATION OF THE BEH
THE EXPERIENCE
THE RESPONSE
DIFFICULTY MAKING SENSE INTERPRETATION OF THE BEH
" It's due to their past exp"
" they are trying to communicate"
" It's not the whole person"
" It's personal "
" Manipulative"
" Intentional"
" I didn't know what to think!" (confusion)
THE CARER/CHILD RELATIONSHIP
TYPE OF PLACEMENT PERMANANT
TYPE OF PLACEMENT TEMPORARY
HELPS
DIFFICULTIES
"I'LL NEVER GIVE UP"
PLACEMENT END


FOSTER CARER'S ATTACHMENT EXPERIENCES
FOSTER CARER'S ATTACHMENT EXPERIENCES [2]
[6] NEGATIVE EXTERNAL INFLUENCES
[8] ADDITIONAL DIFFICULTIES
[5] NEGATIVE CONSIDERATIONS/ INFLUENCES
PERSONAL IMPACT
CHILD'S PAST
CHILD'S PRESENT
FOSTER CARER'S PAST
DIFFICULTY MAKING SENSE
[9] NEGATIVE INTERPRETATION
RESPONSE [12]
THE RELATIONSHIP [11]
FOSTER CARER'S EXPERIENCE OF THE BEHAVIOUR [10]
MAKING SENSE [4]
THE RELATIONSHIP [3]
TRIGGER: [1]
THE DIFFICULT BEHAVIOUR
[5] POSITIVE CONSIDERATIONS/ INFLUENCES
PERSONAL IMPACT
CHILD'S PAST
CHILD'S PRESENT
FOSTER CARER'S PAST
[9] POSITIVE INTERPRETATION
POSITIVE [6] EXTERNAL INFLUENCES
RECEIVING [7] HELP